FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINICATES his certificate should be executed within 24 hours after death, it may delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

			DEPARTMENT O		
Divisiéh gfaTATIS	TICAL RESEARC	H AND RECORD	S, 301 W. PRESTON	STREET, BALTIMOR	E 1, MARYLAN
07.03	MEDICAL	EXAMINER	S CERTIFICAT	STREET, BALTIMOR	09218

1	1. PLACE OF DEATH a. COUNTY Jac	2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before edmission)
A	Mintumery MARYLANE	b. COUNTY
13	b. CITY OR TOWN (if out de corporate limis, write BURAL and give nearge (gwn)	
_	write RURAL and give nearest town)	n in a
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat appress)	d. STREET ADDRESS JOINE & 22
-	0111 1 1 0 7 1 1 1	ON A FARM?
	3. NAME OF Javalam F Holdie	7808 Cumelle ST YES NO IX
П	DECEASED (Type or print)	Last 4. DATE Month Day Year
	Million, William	eclaris DEATH any 7 1960
	5. SEX 6. CÓLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In year IF UNDER 1 YEAR IF UNDER 24 HRS. Jest birthday Months Days Hours Min.
	flead white WIDOWED DIVORCED	1-11-06 54 yrs
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even II relized)	STRY 11. BIRTHPLACE (State or loraign country) 12. CITIZEN OF WHAT COUNTRY?
4	housevile	nd u.sc
	13. FATHER'S NAME	14. Differ's Maiden Name
	Show Hunde	Solly (1) out -
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	. INFORMANT Address
	(1143) 110, or discount (117439144 water calasticated)	Hard Rosemal
	18. CAUSE OF DEATH (Enter only one cause per line for (a (b), and (c).)	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY HEM ORRINGE MASSIC	E THEURAL CAVITIES BILATISPAL ONSET AND DEATH
	DUE TO	- with the state of the state o
	Conditions, il any, which) (by AMERATION, S. MUL)	TIPLE, LEFT LUNG PBILATERAL PARIETAL PREURA 2 DAYS
	gave rise to immediate cause	14 - LOFT ENG ISTERICACION LINE AND X VAYS
	cause lest.	HE RIBS BILLTERAL DALE
9	Attachme - furtie	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY
	0	PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. EXTERNAL CAUSE WAS PRIMARY H. OF CONTRIBUTING CAUSE OF DEATH.	YES NO NO NO. (Enter nature of Injury In Pert I or Part II of item IB.)
	PRIMARY M or CONTRIBUTING	
	Lucia in the second	well by encoming veticle
(PLACE OF INJURY (Home, farm, 20f, (City or town) (County) (Sieta)
0	الراساني والمساحة المساحة فالمساحة والمساحة والم	righway haverly KK K. 9. Md
	21. I certify that I took charge of the remains described above,	held an Autopsy . Inspection . Inquiry . and in my opinion
ø	death resulted from: Natural causes, Accident, Su	uicide . Homicide . Undetermined manner .
	1 1	CHIEF MEDICAL EXAMINER
ž.	SIGNATURE THEN OF 19 Wichart	M.D. ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
£	EXAMINER'S F	DEPUTY MEDICAL EXAMINER 🖟
-	NAME (Type) FLANK J. 1310SCN21	Address (Supply City, Town, of Locality)
	220. BURIAL, CREMATION, 226. DATE THEREOF 220. NAME OF CEMETERY	OR CREMATORY 22d LOCATION (Silv, town, or country) (Siele)
	Oremation 8-4-1960 +7 Out	oun cent on seo to ma
1	23) FUNERAL DIRECTOR CANDRESS LANGUES ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
1	John M. sord and and and and	DATE AUG 10'60 arthur S. Kinus

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Montgomerv New Jersev b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) RURAL and give nearest town) Trenton 93 days d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? The Clinical Center. Bethesda 14. Md. Kelsey Avenue YES NO IX First Middle 4. DATE DECEASED Mae (Type or print) Annie Adldson DEATH August 19 60 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys February 2, 1925 WIDOWFD | DIVORCED [Negro Female 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) U.S.A. (Housewife None None Georgia 3 FATHER'S NAME 14. MOTHER'S MAIDEN NAME John H. Deberry Anna N. Wilson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT The Medical RecordAddress Unascertainable The Clinical Center. Bethesda lh. no Maryland 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Intracerebral & intra-abdominal hemorrhage IMMEDIATE CAUSE (c) DUE TO Choriocarcinoma years Conditions, if any, which gove rise to immediate **DUE TO** couse (a), sloting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES IN NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (Stote) factory, street, office bldg., etc.) 0.00 While Not while at work at work 21. I certify that I attended the deceased from May 19. 19 60, to August 20, 19 60, that I last saw the deceased , and that death accurred at 9:108 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 8/20/60 The Clinical Center SIGNATURE National Institutes of Health PHYSICIAN'S Benjamin A. Borowsky, M.D. Bethesda 14. Maryland NAME (Type) 220. BURIAL, CREMATION, 225 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. JOCATION (City, fown, or county) (Stote) REMOVAL (Specify) 22.60 **ADDRESS** 24g. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

And the Park and Advanced in CONTRACTOR CONTRACTOR DANGER FROM . . . The state of the s the first of the same of the s

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

09220

9318_	CERTIFICA	TE OF DEATH					
1. PLACE OF DEATH a. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Wo. STATE District Of	b. C	institution: Residence OUNTY	e before admission)		
b. CITY OR TOWN (If outside corporate limits, we RURAL and give neorest town) Rethesds (Rural)	ite c, LENGTH OF STAY IN 16	c. CITY OR TOWN (III	outside carparate limits,	write RURAL and gi	ve nearest lawn)		
d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION		d. STREET ADDRESS	dral Ave., 1	N.W.	e. IS RESIDENCE ON A FARM? YES NO K		
U.S. Naval Hospital	Middle	Last	4. DATE	Manth	Day Year		
(Type or print) Walden	Lee A	INSWORTH	OF DEATH	August	7 19 60		
	MARRIED NEVER MARRIED DIVORCED DIVORCED	11-10-86	9. AGE (III		YEAR IF UNDER 24 HRS Doys Hours Min.		
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	TOL. KIND OF BUSINESS OR INDUS	Minneso			EN OF WHAT COUNTRY		
Mariner 13. FATHER'S NAME	U.D. May	14. MOTHER'S MAIDEN					
William G. Ainsworth		Mary Wal	den				
15. WAS DECEASED EVER IN U. S. ARMED FORCES?		FORMANT		Address			
(Yes, na, or unknown) (If yes, give war or dates of tervice)	Unknown	Navy Rec	ords				
IB. CAUSE OF DEATH [Enter only one cause ;	per line far (a), (b), and (c).]		1	W. BVI.	INTERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY:	11 Adaminal	no tasi	tases		ONSET AND DEATH		
DUE TO			n 11		-0		
Canditions, if any, which) (b)	avenous 0	1 the by	adder		5450		
gave rise to immediate DUE TO	1				0		
lying cause last. (c)							
PART II. OTHER SIGNIFICANT CONDITION	DNS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CONDITI	ION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO		
20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURREN	O. (Enter nature of injury in	Port I ar Part II of item	18.)			
Hour o. m.		ACE OF INJURY (Hame, for chary, street, office bldg., e		(C	aunty) (State		
21. 1 certify that (1) (this hospital) at	tended the deceased from	7-4-60 1	9 , 10 8-7-	. 19 6	O that (1) (we) las		
saw the deceased alive on 8-7-	160_ , and that a				date stated above		
22a, SIGNATURE		ATTENDING _	MED. STAFF		225. DATE SIGNE		
22c. PHYSICIANS NAME (Type)		22d. ADDRESS			3/3		
H. S. IRONS, LT, MC	USN	U.S. Nava	l Hospital,	Bethesas	, Mol.		
230. BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY O		23d. LOCATION (City Arlingto	n, Virgir	(Stote)		
24. FUNERA DIPLOR'S SIGNA URE	10 K AD8550		C'D BY REGISTRAR 25	b. REGISTRAR'S SIG	NATURE		
R. A. PUMPAREY 7557	Wisc. Ave., Beth	esda, Md. DAMI	9 '60	Orthur S. K	ianA		

VR A15 (4) 15M 9/59

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VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9319 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

09221 Reg. Dist. No

1.	PLACE OF DEATH o. COUNTY	Montgomer	7	MARY	LAND	2. USUAL RESIDENCE (Was STATE		b. COUNTY	sidence before	
	b. CITY OR TOWN (I	f outside corporate limi	ts, write	e. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside corporate li	mits, write RURAL	and give nea	rest town)
L	Bethe	_		22 days		ooBethesda.	Avanua_	14:4		
	d. NAME OF HOSPIT	AL (If nat in haspital, g	ive street a	ddress)		W. SYREET ANDRESS	9-10-00-00-00-00-00-00-00-00-00-00-00-00-			e. IS RESIDENCE ON A FARM?
		Suburi	oan Ho	spital				-		YES NO K
3.	NAME OF DECEASED	Fir	17	Middle		9203 Gypru	4. DATE	Month	Da	y Year
	(Type or print)	Mabe		н.		Alexander	DEATH	Angust	t. 1/	8 19 60
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIE	ED 🔲	L DATE OF BIRTH	9. AC	E (In years IF Ut		IF UNDER 24 HRS
	Female	White	WIDOWED		-	July 17, 18'	76	St. yrs.	ins Days	nours /win.
-10	a. USUAL OCCUPATION during most of work	ON (Give kind af wark i	dane 10b. K	IND OF BUSINESS O	R INDUS	TRY 11. BIRTHPLACE (State	ar foreign country	12	CITIZEN OF	WHAT COUNTRY?
1		_				hancasle	r, Pan	77.	43	(/-
13	FATHER'S NAME THE		11			14. MOTHER'S MAIDEN	NAME D	.1		
1	tras	new h.	Her	な .		1171700	sal. Sal	ey m	7823	2
		R IN U. S. ARMED FOR		OCIAL SECURITY NO	. 10	FORMANT TO THE TOTAL	lan	Address		
L	no.		7	rone.	Fr	ances L. Ale	xander	Ag	above	
-	18. CAUSE OF DEA	TH [Enter only one co	use per line	far (a), (b), and (c).]	1			INTE	ERVAL SETWEEN
L	PART I. DEA	TH WAS CAUSED BY:	/	Inen	217	- 13,-	-nek-	been	UNS	SET AND DEATH
ı	45	DUE TO		0 1		7-1-0-				
ŀ	Canditions, if a	ny, which	6	rles-	-37	-6-				
1	gave rise to i	mmediate (-					
	lying cause last.	(c								
NOITAL	PART II. OTH			NTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	IDITION GIVEN IN	PART I(o)	9. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	THE HOW INJURY O	CCURRED	. (Enter nature of injury in	Port I ar Part It of	item 18.)		
WEDICAL	20c. TIME OF INJUR	Y Month, Day, Yea	r 20d. INJ	JURY OCCURRED	20e. PLA	CE OF INJURY (Home, farr	n, 20f. (City or to	wn)	(County)	(Stote)
MED	Hour o.m.	19	While at work	Not while	foc	ory, street, office bldg., etc	c.)			
		at Intended the	-			1959 to	1/10	10/ 10.	1.1	A)
	alive an	Strended me	10 G	11/200	alacardo	T. ACO				v the deceased
	dive di	7-1-1-1	, 17.92.	Cana that	aeain	accurred get	ADDRESS (Street,			stated abave. DATE SIGNED
	ACTUAL		, an	_		· Such-	1 P. 1.	PO 1.	3.11. 1	1 h 08/15
	SIGNATURE		/			N.D. Q. L. Q. L.	a transfer	Z==-y==		2000
	PHYSICIAN'S NAME (Type)									*
77	Ro. BURIAL, CREMATIO	N, 226. DATE THEREC	F	22c. NAME OF CEMI	ETERY OF	CREMATORY	22d. LOCATION	City, town, or cou	nty)	(State)
1 /	REMOVAL (Specify)		60	Gedar Hi		Crematory		Hill. N		,/
	/	SISIGNATURE			sh.	D. C. 24a. REC	D BY REGISTRAR	24b. REGISTRAR		RE
	TACON		ons.	1756 Con	n.	A	NUC 2 2 160	C 11.	2 P #	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) . COUNTY eral director. Page of for your files. Health, is necessary, e. STATE MONTGOMERY MARYLAND MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL end give neerest town) write RURAL end give neerest town! 0 4 years SILVER SPRING SILVER SPRING 70 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 3532 GREENLY STREET 3532 GREENLY STREET State 3. NAME OF First Middle 4. DATE Last DECEASED and 3 to the the (Type or print) ALLEN MARY ELIZABETH with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 2 with s 1, 2, and 3 age 5 may 1 and 2 wit 72 hours a 2/10/87 FEMALE WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) 8. Give Pages SALES CLERK (retired) pages PM3. IA. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES W. BOWEN Form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT [Yes, no, or unkown] | (If yes give war or detes of service) in pencil in flem 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). along fransit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office DUE TO burial Conditions, if eny, which (b) gave rice to immediate cause "pending" word "pending" lical Examiner's DUE TO (e), stating the underlying cause lest. pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION 20 Medical should 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Pert II of item 18.) execute the certificate, writing the PRIMARY | or CONTRIBUTING | CAUSE OF DEATH Chief 3 20c. TIME OF INJURY Month, Day, Year 20s. PLACE OF INJURY (Home, ferm, 20d. INJURY OCCURRED fectory, street, office bldg., etc.) While Not While forwarded to the L DIRECTOR: Pa at work el work prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection death resulted from: Natural causes Accident Suicide . Homicide ACTUAL should be for FUNERAL I SIGNATURE DEPUTY EXAMINER'S poschart NAME (Type) **6929** 22e, BURIAL, CREMATION. 226 DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) GLENWOOD CEMETERY 0 0 P 8/24/60 BURLAL ADDRESS 23. FUNERAL DIRECTOR SILVER SPRING. MD. VS. A15ME 5M 7/59

12. CITIZEN OF WHAT COUNTRY? FLINT HILL, VIRGINIA U.S.A. MARGARET E. RHODES Address Mr. David H. Carey. D-139-E Halliday Dr. INTERVAL BETWEEN Brookeville. Md. QNSET AND DEATH PERFORMED? NO K 20f. (City or town) (County) (State) Inquiry W and in my opinion Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) (State) WASHINGTON, D.C. 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE DATE AUG 2 5 '60 Cithan & Knuts

b. COUNTY

Month

last birthday)

AUGUST

AGE (In yeers | IF UNDER 1 YEAR

Months

DEATH

MONTGOMERY

21

. IS RESIDENCE ON A FARM?

YES NO X

19 60

IF UNDER 24 HRS.

Min.

House

5.7 C-97U 74 BANKAN TENANT WERSTERN LOUIS FELLIN DOUBLE OF TRANSPORTER TO THE COMMERCE OF THE COMMERC * 1 1 correle contents southern THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED

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ON A FARM?

YES NO IX

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19 60

Orlando

FUNDER 1 YEAR IF UNDER 24 HRS 9 AGE (In years last birthday) Months Days 12 CITIZEN OF WHAT COUNTRY? U.S.A. Lorraine M. Schuman 17. INFORMANT The Medical Record Address The Clinical Center, Bethesda 14, Maryland INTERVAL BETWEEN 30 Minutes PERFORMED? YES IL NO 20f (City or fown) (County) (Stote) 60 to August 4 19 60 that (I) (we) last August 1, 19 60, and that death occurred 30pM, from the couses and an the date stated above 22b DATE 8-5-60 SIGNED MED. 22d ADDRESS The Clinical Center, National Institutes of Health, Bethesda 14. 23d LOCATION (City, town or county) (Stote) Orlando. 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DATE AUG B '60

b COUNTY

Month

August

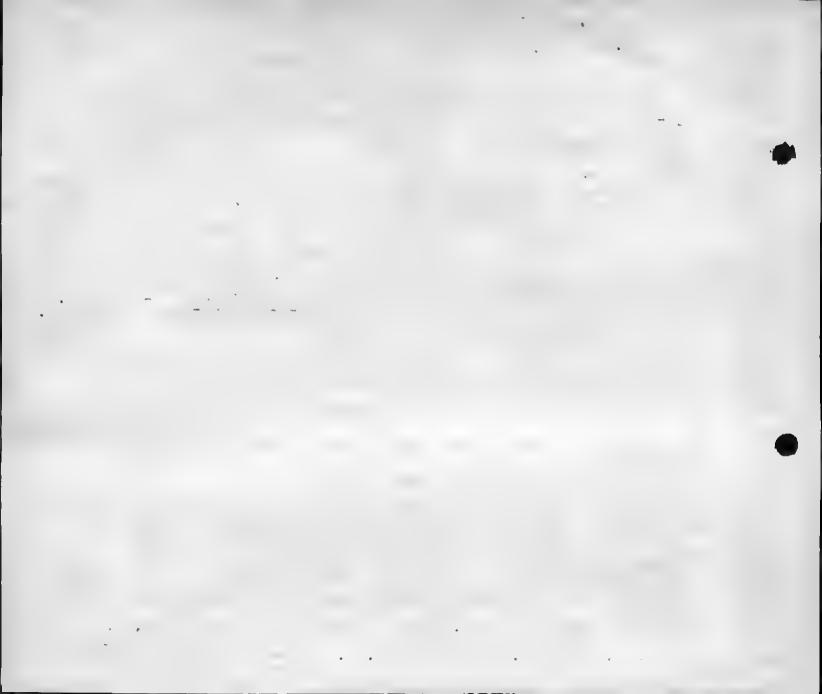
ofter death Page 4

VR A15 (4) 15M 9759

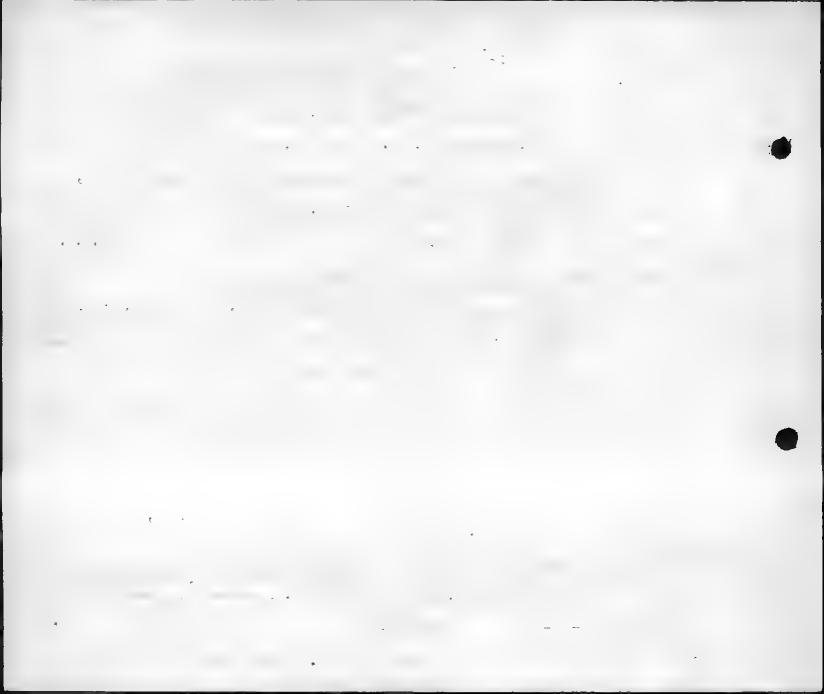


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND OF DEATH TH DFP PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I yad, If institution; Residence before edmission) lay is necessary, eral director. Page d for your files. a. COUNTY b. COUNTY MONTGOMER MONT GOMERY MARYLAND b. CITY OR TOWN (if outs de comporate lunts c. LENGTH OF STAY IN 15 c. CITY OR TOWN (if suiside corporele limits, write RURAL and give nearest fown, RURAL and give neares town I & K OMA d. NAME OF HOSPITAL OR NST.TJT.ON (I not in hospital, give street address Washiert Sant tarium & Hospital XXXXXIII d STREET ADDRESS ON A FARM? YES NO IX 3. NAME OF Page 5 may be retail 1 and 2 with the Sit 1 72 hours after dean DECEASED (Type or print DEATH 1960 19. AGE IIn years I IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday Months | Dave WIDOWED X 1Da. USUAL OCCUPATION (Give kind of work 1. 12. CITIZEN OF WHAT COUNTRY? recuted within 24 hours after in Item 18. Give Pages 1, 2, PM3. Page done during most of working life, even if retired Amee. noemaker ith form PM3. Parmit File pages 1 13. FATHER'S NAME 1213aN113 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) (If yes g. vawer or dates of service) Zachary Aguilino-5405 Office along with burial-transit permit 18. CAUSE OF DEATH [Enter only one cause par I no for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: distelle IMMEDIATE CAUSE (e) in pencil ertificate should be Conditions, if any, which (b) gava rise to immediate cause 10 DUE TO (e), stating the underlying ease execute the certificate, writing the word "pendin should be forwarded to the Chief Medical Examiner' FUNERAL DIRECTOR: Page 3 should be used as causa last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)1 19. WAS AUTOPSY PERFORMED? NO M CERTIFICA 2De EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | age 3 short to buriel, DEPUTY MEDICAL EXAMINER: CAUSE OF DEATH. 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Homa, farm, 20f. (Cily or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., atc.) White ___ Not Whila et work at work Prior Inquiry | x' and in my opinion agent, death resulted from: Natural causes 12. Accident . Suicide Homicide [Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE: DEPUTY MEDICAL EXAMINER 15 NAME (Type) Address (Street, city, town, or county) 228. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, fown, or country) (State) REMOVAL (Spec fy) Burial St. Mary's Cemetery Washington. D. C. 0 40 p 24a. REC'D BY REGISTRAR | 24b. REG STRAR'S SIGNATURE 23. FUNERAL DIRECTOR 160 Circles S. Thousa VS. A15ME The S. H. Hines Co. Washington, D. 5M 7/59

YLAND STATE DEPARTMENT OF HEALTH



- 101010	dell'illion			
PLACE OF DEATH O. COUNTY Montgomery	MARYLAND	2 USUAL RESIDENCE (Where decease o. STATE West Virginia	d lived If not tut an Residence b. COUNTY	ce before admission)
b CITY OR TOWN (if outside corporate limits, w RURAL and give nearest lown) Bethesda	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporations burg	prote limits, write RURAL and g	CE / 5
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION		d. STREET ADDRESS		*. IS RESIDENCE ON A FARM? YES NO KE
The Clinical Center,		Route 4, Box 30		
3 NAME OF First DECEASED (Type or print) Annie	Middle Elizabet h	Armstrong DEATH	Month August	15. 19 60
S. SEX 6 COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (n years FUNDER lost birthdoy) Months	
T CONGRET CONTRACTOR	DOWED DIVORCED	June 8, 1908	52 ys	Doys Hours Man
10a JSJAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106 KIND OF BUSINESS OR INDUS	STRY 11, BIRTHPLACE (Stole or foreign of	country) [12, CIT]	ZEN OF WHAT COUNTRY
Housewife	None	Virginia		U.S.A.
13 FATHER'S NAME		14 MOTHER'S MAIDEN NAME		
Dennis Rinker		Betty Rinker		
15 WAS DECEASED EVER IN U. S. ARMED FORCES (Yes no or unknown) (If yes, give wor or dates of service	7 16 SOCIAL SECURITY NO 17. IN	FORMANT The Medical F	lecord Address	
No .	None Th	e Clinical Center.	Bethesda 11.	Maryland
1B. CAUSE OF DEATH [Enter only one cause	per line for (a), (b), and (c).]	_		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (g)	Acute Renal Fail	ure Secondary to I	imertension	2h hours
1947 DUE TO			g par permann	24 110012-5
Condition of any order	Metastatic Souan	nous Carcinoma, Pri	money Halman	20
gove rise to immediate (THE GREE DESCRIPTION OF THE STATE OF THE STA	ious carcanoma, in	Tuisten nukutovili	22 months
couse (a), storing the under-				
	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PART	T 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
	DESCRIBE HOW INJURY OCCURRED	 (Enter nature of injury in Port I or Po 	rt II of item 18.)	
Hour o.m.	20d. INJURY OCCJRRED 20e. PL/ White Nat white for at work all work	ACE OF INJURY (Home, form, 20f (Cit lory, street, office bldg., etc.)	y ar town) (C	Tourity) (State
21 I certify that (I) (this haspital) a	ttended the deceased fram		August 15, 1960	
saw the deceased alive an Augus	t 15, 19 60, and that d	leath accurred 15am, fram	the causes and an the	date stated above
220. SIGNATURE (M. Can)	KLR O	ATTENDING MED M D PHYS DIRECTOR	STAFF	226 DATE 8-15-60
22c PHYSICIAN'S	100111	The Thinical Ce		Institutes
NAME (Type) Vincent H. E	ono Jr. M.D.	of Health, Beth		
23a BURIAL CREMATION 236 DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY 23d LOCA	ATION (City town, or county)	
Burial 8-18-60	Rosedale	Ma	artinsburg	W. Va.
24 FUNERAL DIRECTOR'S & GNATURE	ADDRESS	250. REC'D BY REGIS	TRAR 256, REGISTRAR'S S.C.	GNATURE
Howard K Brown	Martinshure	W Va DATE AUG 1	8 '60 01 -	9 4



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	9323 CERTIFICATE OF DEATH Reg. Disl. No. 227
1	PLACE OF DEATH • COUNTY MARYLAND COUNTY MARYLAND COUNTY MARYLAND MARYLAND COUNTY MARYLAND MONTHOMERY MONTHOMERY MONTHOMERY MONTHOMERY MONTHOMERY MONTHOMERY MONTHOMERY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
_	Retherda Rural-Germantown
	d NAME OF HOSP TAL (If not in hospital, give street address) OR INSTITUTION Suburban Haspital Oak Crest Trailer Court YES NOT
3.	NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) NAME OF DECEASED (ASBURY) ASBURY ASBURY ASBURY ASBURY ASBURY ASBURY
5.	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours Mi
	Male white widowed Divorced August 3,190 yrs /4 3
10	On USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) To fant US US
13	Thrant 14. MOTHER'S MAIDEN NAME
	Henry D. Asbury Annie E. Brewster
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address
,,,	No (If yes, give wor or dotes of service) Henry D. Asbury-Item; 2
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEET ONSEJ AND DEAT
ı	PART I DEATH WAS CAUSED BY PULMENDI ATELLCIASIS ONSET AND DEAT
	14 l. 20
	Conditions, if any which (b) PREMATURITY 14M, 20
	couse (o), stating the <u>under-</u> lying couse lost.
Z	THE RESERVE CONTROLLED OF CONTROLLING TO DEATH BUT NOT BELATED TO THE TERMINAL DEFACE CONDITION OF USE IN 1848 IT AND THE PROPERTY OF THE PROP
SAT	
CERTIFI	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 20d. INJURY OCCURRED While Not while at work at work at work 19 at work 1
	21. I certify that Lattended the deceased from AUG 3, 19 Line to AU, 3, 19. Othat I last saw the decea
	alive an AUG 3, 19 60, and that death accurred at 6,55 P.M. fram the causes and an the date stated about
	ACTUAL SIGNATURE TO FUT C ENERTHEN M.D. 3716 HOWARD ALL: 54-
	PHYSICIAN'S POBERT O. WARTHEN KEDSINGIUM AND
22	20. BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 12c NAME O
L	Dar late, 5750 prich valle, Church Cem. Smith County, Virginia
	address Tyson Wheeler- 1331 E. Montyonery Ave. Date \$116.8 '60 Colling of the set of th
	Rocky 11e Md. DATE AUG 8 '60 Cuthur S. Huma



4 ofter death. Page 4

law requires that the doubt cert firate be axesured within 24 has

TO HOSPITAL OR ATTENDING PHYSICIAN

1. PLACE OF DEATH 0. COUNTY Montgomery	MARYLAND	2 USUAL RESIDENCE (Whe	re deceased lived. If insti b. COUN		ore admission)
PLIDA I - A A - A	TH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, writ	e RURAL and give no	earest town)
Wheaton	?	Washing to	n	4177	? <u></u> .
d NAME OF HOSPITAL tilf not in hospitol, give street address)		d STREET ADDRESS		1 33	e. IS RESIDENCE ON A FARM?
Vineston Nursing Home		2032 Belm	ont Road,1	N.W.	YES NO
3 NAME OF First DECEASED	Midd e	Lost	4 DATE	Month D	lay Year
(Type or print) Minna	N1.e	mann Baggs	DEATH AU	g+ 1	T 18 20
Female 6. COLOR OR RACE 7. MARRIED NI WIDOWED 12	D VORCED	3/9/1888	9 AGE (In ye		R IF UNDER 24 HRS Hours Min
100 LSLAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewil i'e	BUSINESS OR INDU	STRY 11. BIRTHPLACE 'Store of Missour'		U.S	F WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME		
William Niemann		Marie D	iemer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SI (16.	ECURITY NO. 17 11 03-5549A	WilliamE.	Niemann-17	4 S. Orai	
18 CAUSE OF DEATH (Enter only one course per line for (o), PART I DEATH WAS CAUSED BY !MMEDIATE CAUSE (o) DUE TO Conditions, if only, which)	(b) ord (c)]	Vascula	Lever General		TERVAL BETWEEN HET AND DEATH
gove rise to immediate couse (a), stating the under- lying cause last.				0	
PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE PART OF THE P	TING TO DEATH BUT	NOT RELATED TO THE TEAMING	NALD SEASE CONDITION	GIVEN IN PART FOR	PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	W NJURY OCCURRE	(Enter noture of injury of P	ort For Port II of item 18.		
		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)		(County	y) (Stote)
21 I certify that (I) (this haspital) attended the saw the deceased alive an19	lat 3	death accurred of 1	A from the couses	· ·	that (I) (we) last te stated above
220 S CNATURE DIVING	like	ATTENDING _ TE		801	DATE SIGNED
NAME SUNT	in	1746	7-1 x	Tilu	<u>C'</u>
burial 8/13/60 Mou			23d LOCATION (City 10)	n D C	(5tote)
24 FUNERAL D RECTOR'S SIGNATURE ADI	DRESS Wash . I	C 250 REC'D		EGISTRAR'S SIGNAT	URE
The S.H. Hines Co 2901 14	th St	W . DATE ALIC	3 1 5 '60	27 11 - 02	A



gs ofter death. Page 4 by the funeral director,

law requires that the death certificate be executed within 24 h

TO HOSPITAL OR ATTENDING PHYSICIAN

VR A15 (4) 15M 9/59

may be retained by the haspital ar attend. Institute by the attending physician and campletely filled in ay page 3 should be detached for use as the burial-transit permit. Then please remave carbon pages 1 and 2 the State Board of Health prior to burial, cremation, ar remavol, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

0929

		しい(こ)		CEKIII	'ICAII	OF DEATH				1107	~ ~ (/
1	PLACE OF DEATH COUNTY Montgomer	y		MARY	11	USUAL RESIDENCE (WE STATE District of		b. COUNTY		ice bafor	e admisi	sion)
	b CITY OR TOWN (If RURAL and give ned	outside corporate limits	, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF o	outside corp	porote limits, write R	URAL ond	give nea	rest town	n)
	Bethesda	(Rural)		28 days		Washington	ב		-	# n	-	
7	DR INSTITUTION	M. (If not in haspital, giv	e street	Oddress)		d STREET ADDRESS						SIDENCE A FARM?
L	U.S. Nava	l Hospital				2220 20th	At.					NO 🔀
3	NAME OF DECEASED	First		Middle		Lost	4 DATE	Man	ith	Day	y	Year
	(Type or print)	Mir	iam	Frye		BALLARD	DEAT	н Ащ	gust	55		1960
5	SEX	6 COLOR OR RACE	7 MARR	IED NEVER MARRI	EDXX 8 1	DATE OF BIRTH		9. AGE (In years lost birthdoy)				_
	Female	Caucasian	WIDOWE	DIVORCE	0 🔲	11-21-84		75 yrs	Months	Doys	Hours	Min.
10	a. USJAL OCCUPAT O	N (Give kind at work doing life, even if retired)	one 10b.	KIND OF BUSINESS C	R INDUSTR	11 BIRTHPLACE (State	ar fareign	country)	12 CIT	ZEN OF	WHAT	COUNTRY
\downarrow	U.S. Navy			U.S. Nav	ту	Distric	t of	Columbia		U.S	3.A.	
1	FATHER 5 NAME				1	14. MOTHER'S MAIDEN N	NAME			_		
V	Melville	BALLARD				Grace Ann	FREE	MAN				
15	WAS DECEASED EVER	IN U. S. ARMED FORC	ES? 16.	SOCIAL SECURITY NO	. 17 INFO	RMANT		Add	ress			
	Yes	WWI	vice)	Unknown	Wal	ter E. BALL	ARD,	Same as 2	d,			
F	18 CAUSE OF DEAT	TH [Enter only one cou		-)					INTE	RVAL BE	TWEEN
	PART I DEAT	H WAS CAUSED BY		CARCINOMA	THYRO	ID				ONS	YEL	ARS
	1 44	DUE TO										
	Conditions, if on	Y which)										
	gave rise to immediate (DUC 70								(-9-1			
	lying couse lost.											
ATION	PART II, OTH		ITIONS C	ONTR BUTING TO DE	ATH BUT NO	T RELATED TO THE TERM	INAL DISEA	SE CONDITION GIV	VEN IN PAR	T 1(o) 15	PERFC	AUTOPSY DRMED?
CERTIFIC	20a ACCIDENT WAS	JNDER.YING A	06 DESC	TRIBE HOW INJURY O	CCURRED (Enter nature of injury in	Port I or Po	ort (I of item 18.)			100	
CER	OR CONTRIBUTING	MEDICAL EXAMINER)										
18	20c T ME OF INJURY	Month Doy, Year	20d II	NJJRY OCCURRED	20e PLACE	OF INJURY (Home, farm	, 20f (Ci	ty or town)	(1	County)		(Stote
MEDICAL	Hour o.m.	19	While of warl	Not while	fector	y, street, affice bldg., etc	-)					
-		243 242 4 3 to 15			. 7	-25-	60 .	8-22-	10 6	0		(we) las
	21 1 Cerrity mon	(1) (this hospital) edyglive an 8-2	orrena 2 m	ted the deceased	rram _ J	th occurred at2:0			, 17_5	ZZ, mi	at (i) {	we) las
	220 SIGNATURE	ed dive an O		17 40, and	that dea	in occurred die	Yes, Amon	n the causes an	an thi	e date		i obave 26. DATE
	0	Karry	4.	Hin	Ce Mo	PHYS. DI	ED.	STAFF PHYS.	8-	23-6		SIGNE
L	22c PHYSICIAN'S NAME (Type)	ury J. HIN	es,	CDR, MC, US	SN	U.S. Nava	l Hos	pital, Be	thesd	a, N	M.	
23	BURIAL CREMATION	1, 23b, DATE THEREOF		23c NAME OF CEM	ETERY OR C	REMATORY	236 LOC	ATION (City Town,	or county)		(Sto	te)
	CREMATION	8/25/60)	FORT LI	NCOLN	CREMATOR	PRI	INCE CEO	DORO	00	I ERTIFFE	10 100
24	FUNERAL DIECTORS	SCHAUS ()	3	ADDRESS		25a REC	D BY REG	"我我就不是我的我们就不是什么?"	STRAKES	GNXID	DMT.	I , MI
	Martin W.	Hysong Co.	.,130	OO N St.,N.	.W.,Wa	sh.D.C.	AUG 2	4 '60	1 ~1	2 16	- Carles	

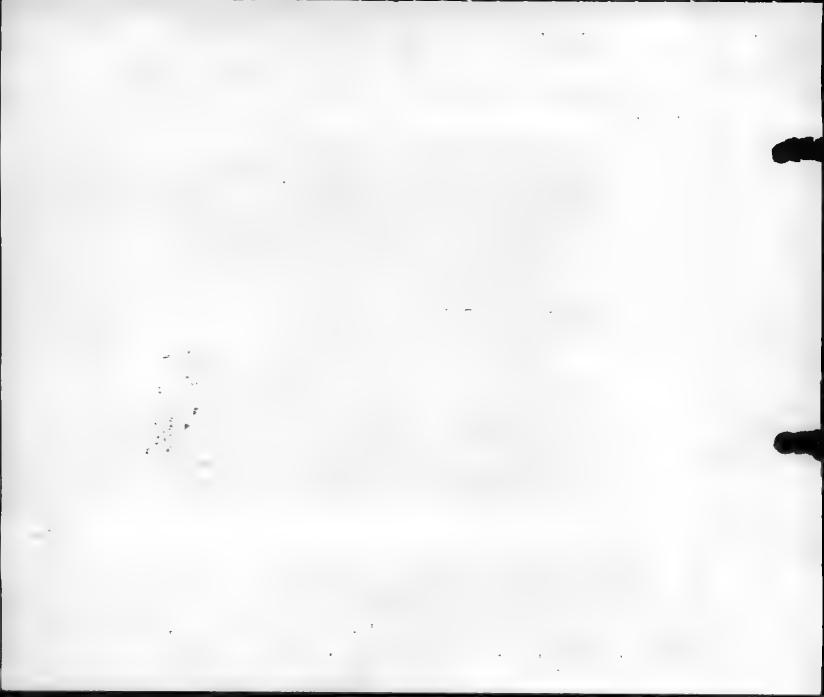
С'

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 9263 CERTIFICATE OF DEATH

09230

	Maryland Maryland	2. USUAL RESIDENCE (Where deceased lived. It institution: Residence before admission) o STATE b. COUNTY I T (1)						
	b. CTY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 RURA, and give nearest lown)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	Takona fark Imo Izday	Silver Spring						
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
-	Wishington Jon, 13r unt 1000	107 CR 301/60/31/4 1/29 42 NO						
	NAME OF DECEASED (Type or print) House	Last 4. DATE Month Day Year T3 17 5 SR DEATH Z 39 19 60						
ľ		B DATE OF BIRTH P AGE (In years IF JNDER TYEAR IF JNDER 24 HRS						
	Male White WIDOWED (DIVORCED)	11-18-11 48 vis						
1	10a JSJAL OCCUPATION (Give kind of work dane during most of working life, even if retired)							
	Flour Finisher	7.4 4.5						
1	13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME						
	Louis Dates	Heien Chonner						
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 Mg. (fee. no. or unknown) 15 yes, give war or dates of service)	IFORMANT Address						
	yes WW # 2 577-07-7398	spilat itseards						
I	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	D INTERVAL BETWEEN ONSET AND DEATH						
1	PART I DEATH WAS CAUSED BY My & candial	Laline						
1	43 ~ X DUE TO							
1	Conditions, if any, which) (b) Threardial effusion (percardites)							
1	gave rise to immediate couse (a), stating the under							
1	lying couse lost.							
1	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?						
	3 Kaenmaes Circhoon	YES NO						
	OR CONTRIBUTING □ CAUSE OF DEATH	D (Enter noture of injury in Part I or Part II of tem 18.)						
	20c. TME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PL Hour a m. 19 White Not white	ACE OF INJURY (Home, form, 120f (City or town)" (Colony) (State) ctary, street, affice bldg., etc.) !						
	≥ p.m. 19 at wark at work	• -						
	21 I certify that (I) (this haspital) attended the deceased fram							
	saw the deceased alive on AUG-29 1966, and that a	leath accurred of EM, from the causes and an the date stated above						
	222 SIGNATURE	226 DATE						
		M D PHYS DIRECTOR PHYS						
	MA TOPE ILL C. QUINNAM, JR.	7600 CARROLL AVE. TAKOMA PARK, MD.						
ŀ	230 BJRIAL, CREMATION, 23b. DATE THEREOF 230 NAME OF CEMETERY O							
	BURIAL (Specify) 9/2/60 ARLINGTON NAT	, and a second s						
-	24 FUNERAL D RECTOR'S SIGNATURE ADDRESS	250 PEC'D BY PEG STRAR 250 REGISTRAR'S SIGNATURE						
	WATNER E. PUMPHRAY, INC. SILVER SPRIN	G, MD. DATE SEP 6 '60 Chillan & thous						
b	A property of the state of the							



certificate be executed within

deoth

thot the



VR A15 (4) 15M 9/59

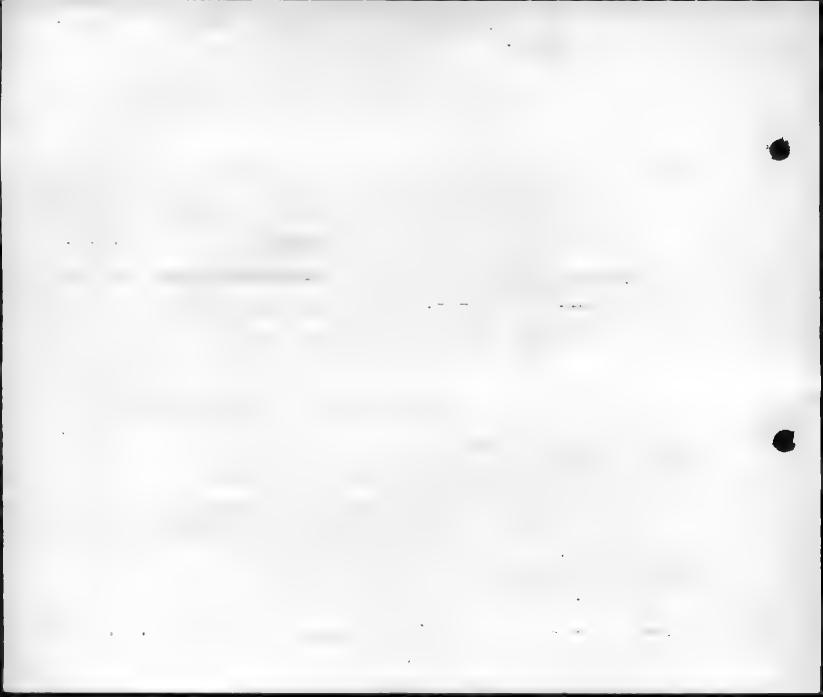
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

9327

09232

1 PLACE OF DEATH o COUNTY		MARYLAND	2. USUAL RESIDENCE (W		l lived. If institution b. COUNTY	on: Residence	before admis	ision)
MONTGI			MARYLA			NTGOMER		
b CITY OR TOWN (if a RURAL and give near	outside corporate limits, write est town)	c LENGTH OF STAY IN 16	CITY OR TOWN (IF	outside corpoi	rote fimils, write R	JRAL and give	nearest tam	n)
A NAME OF A STATE	. (If not in hospital, give stree	1 HOUR	SENECA SENECA				1. 10 DC	SIDENCE
OR INSTITUTION	, fit not in nospilot, give stree	(douress)	d. STREET ADDRESS				ON.	A FARM?
MONTG	MCRY GENERAL	HOSPITAL					YES] NO []
3 NAME OF	First	Middle	Lost	4. DATE	Mon	th	Day	Year
DECEASED (Type or print)	ELMER	CORNELIUS	BELL	OF DEATH		GUST 2		150
S SEX	S. COLOR OR RACE 7 MAR	IRIED 🗌 NEVER MARRIED 🗍	B DATE OF BIRTH		9 AGE (in years last birthday)	Months Do	EAR IF UND	· -
MALE	WHITE WIDOY	VEDX DIVORCED	9/24/85		3 7 Lyn.	MOIIII DE	ays mours	PROPER.
10a USUAL OCCUPATION	(Give kind of work done 10b	. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State	or foreign co	ountry)	12 CITIZE	N OF WHAT	COUNTRY
during most of workin			Maryland			U.	S. A.	
13. FATHER'S NAME	•		14. MOTHER'S MAIDEN	NAME				
Nathaniel	MESLEY BELL		Sec. 15	SHEET.	Elizabe	th Rila	n Per	****
15. WAS DECEASED EVER		SOCIAL SECURITY NO 17 II	NFORMANT	AND EXPLOSION	Add		311 11 11 11	-
(Yas, no, or unknown) (I)	yes, give war ar dates of service)	219-03-1432 Ho	SPITAL RECORD)s, (LNEY, MA	RYLAND		
18. CAUSE OF DEATI	Enter on y one couse per	ine for (o), (b,, and (c)]					INTERVAL B	
	WAS CAUSED BY Th	rombosis o	tight lor	on an	a acto	Les !	ONSET ANI	DEATH
7210	MMEDIATE CAUSE (o) _/	0	7.07.00		1	-/	1,00	
		*						
Conditions, if ony gave rise to imi								
couse (a), stating th								
lying couse lost.	(c)							
PAIR II OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	A.NAL DISEAS	E CONDITION GIV	/EN IN PART 1	(o) 19. WAS	AJTOPSY ORMED?
PANY II OTHE	on chr. An	eumorua.	lette lover.	- lun	u		_	B NO I
200 ACCIDENT WAS OR CONTRIBUTING D	UNDERLYING () 206. DE	SCRIBE HOW INJURY OCCURRE	D. (Enler noture of injury in	Port Lor Port	t fl of item 18)			
	EDICAL EXAMINER)							
	Month, Doy, Year 20d.		ACE OF INJURY (Home, for		or town)	(Car	inty)	(State
Hour o.m.	19 While	e Not while 10	ctory, street, affice bldg., ex	(C-)				
			An of	6010	Porce 2	1		
21 I certify that	(I) (this haspital) after	ded the deceased fram.	1449 - 08 6 19	7			that (I)	
saw the decease	d alive an	0-6 19 6 0, and that a	death accurred \$37	PM, from	the causes an	d on the c	date state	d abave
220. SIGNATURE	ladie 5	Whitaker	ATTENDING	VED _	STAFF _	9/2	7/60	25 DATE SIGNED
22c. PHYSICIAN'S			M D PHYS (A) D	PRECTOR L	PHYS 🔲	0/ 2	2/00	
NAME (Type)	^ 14	14 19	_	E I 6 7°	MARYLAND			
	S. WHITAKER,	M. D.	CLARKSV	ILLE,	MARYLAND			
230 BUR A., CREMATION REMOVAL (Specify)		23c NAME OF CEMETERY C	OR CREMATORY		TION (City town,		(Sto	
Burial	8-30-1960	Pleasant Hill		Monr		ed. Co.		land
24 FUNERAL DIRECTOR'S	SIGNATURE /	ADDRESS		D BY REGIST		STRAR'S S GN	2.0	
Wollest Ca	Jacky 17.	Frederick, Man	ryland DATE	AUG 3 1	.00	Irilan S.	Time	



		CERTIFICA	AIE OF DEATI	1	Reg Dist.	No.				
	PLACE OF DEATH o. COUNTY Plontgomery	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admiss on) p. STATE b. COUNTY Montgomery								
	b. CITY OR TOWN (if outside corporate limits, write c LEN	GTH OF STAY IN 16 HOURS 20min	c. City OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
9	Bethesda 6h	Bethe da								
PA-	OR INSTITUTION Suburban		6745 G reentree Rd.			IS RESIDENCE ON A FARM? YES NO				
	3. NAME OF BIRST PURST (Type or print) Van Tuyl	Middle Hart	BIËN	4. DATE OF DEATH	Month 8/19	Day Year 1960				
	S SEX 6. COLOR OR RACE 7 MARRIED X	NEVER MARRIED	8. DATE OF BIRTH	9 AGE		EAR IF JNDER 24 HRS				
	Male White WIDOWED	DIVORCED 🔲	2/15/87	75	B y s O 4	ys Hours Min				
	10d LSUAL OCCUPATION (G ve kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, 8IRTHPLACE (State or foreign country) Architect Unknown 12.CITIZEN C									
	V3. FATHER'S NAME Morris Bien		LOMOTHER'S MAIDEN N	NAME HOTE	-					
	IS WAS DECEASED EVER IN L S ARMED FORCES? 16 SOCIAL (Yes, no, or unknown) (If yes, give wor or dates of service)	SECURITY NO	Stellen.	Brim	Delles	Terry 11.				
	18. CAUSE OF DEATH Enter on y one couse per line for (a). (b) and (c)]				INTERVALLETWEEN				
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) MYGC	massive	ONSET AND DEATH							
	6'50 / DUE TO									
	(Conditions if any which) on distoriosclerosis & hypertension									
7	gove rise to immediate couse (a), stating the under-	etes m	· Uitas			2742				
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIB	IT ON GIVEN IN PART 1(o) 19 WAS ALTOPSY PERFORMED? YES NO							
	WAS UNDERTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)									
		CCURRED 20e. PL	ACE OF INJURY (Home, form ctory, street, office bldg , etc), 20f. (City or town	n) (Cov	nty) (State)				
	21. I certify that I attended the deceased from July 1944, to 19406, 1969 that I last saw the deceased									
	alive on 19 ACO, and that death occurred at 65 PM, fram the causes and an the date stated abave.									
				ADDRESS (Street, cit		DATE SIGNED				
	SIGNATURE COME VILLEY		mo. Therefore	Lk. 13	uildenge	8/11/6.				
	PHYSICIAN'S John M. Wyman		zi. Gr.	hesder-	maryla	4				
		AME OF CEMETERY O			ity, town, or county)	(Stote)				
		Cedar Hill Cemetery		Suitland		aryland				
	23-FUNERAL DIRECTOR'S SIGNATURE AL	DDRESS Dathar	24a. REC'	D BY REGISTRAR UG 2 3 '60	24b. REGISTRAR'S SIGN					
	And there is to second them	. Rethes	saa, Ivia. DATE "		Comment I. 7	course				

y the funeral director, should by fifted ond may be retained by the haspital ar attendir.

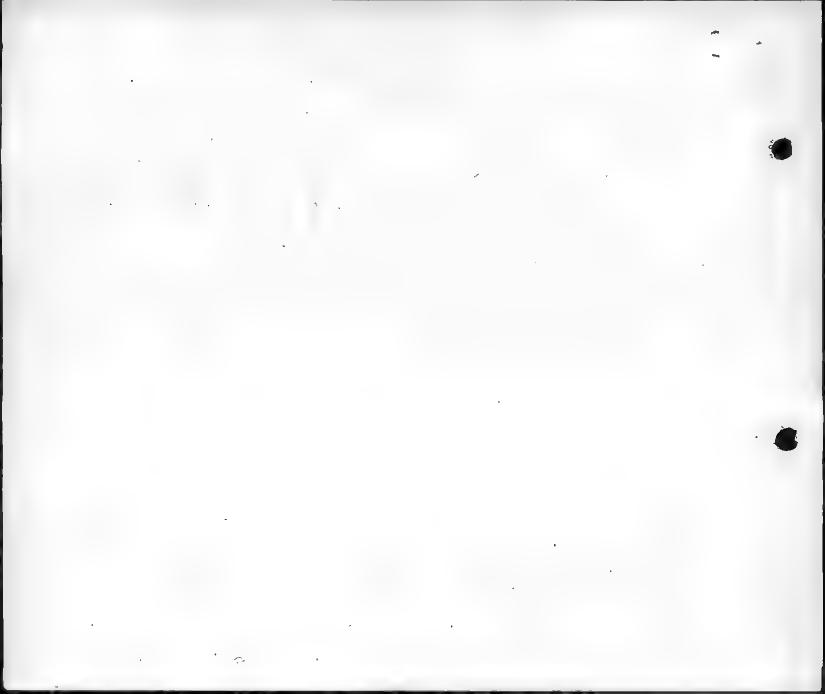
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit perm t. Then please remove carban papers. Pages 1 the registrar priar ta burial, cremation, ar removal, and in any event within 72 haurs after death. VS A1S (4) 15M 9/58

with P

▲ offer death Page 4

plaw requires that the death certificate be executed within 24 ha

TO HOSPITAL OR ATTENDING PHYSICIAN



15M 10/52



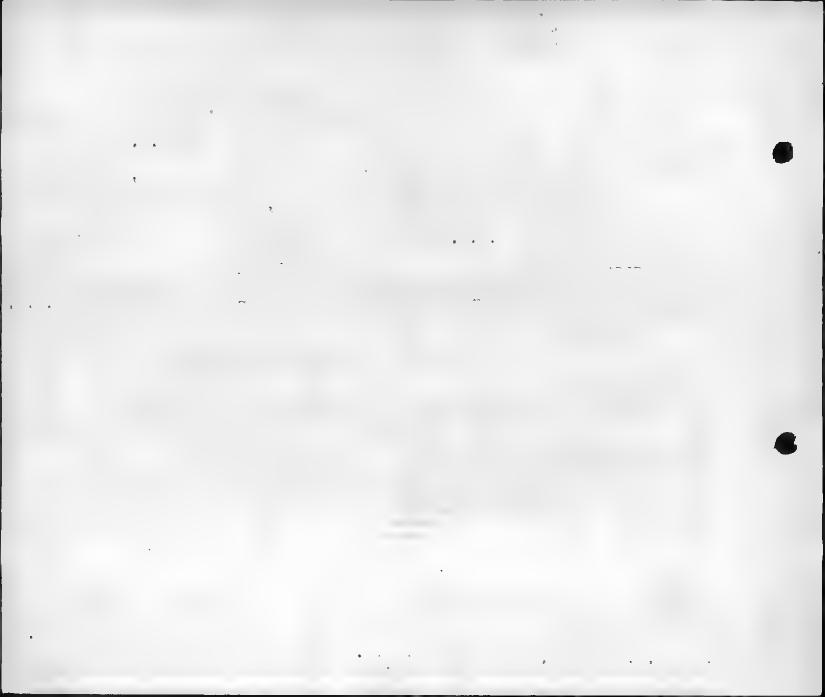
	1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	0.002=
	1	1		9329 CERTIFICATE OF DEATH	09235 Reg. Dist. No.
Page 4	director,	VI)	1 1	PLACE OF DEATH D. COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceosed lived if institute of the country of the	
death	unerol Id be fi		t	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ALRIAND TANGO -8/31/60 SIVER SPRIM	(URAL and give nearest town)
s offer	by the f	* *	F	d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION AIRIAND - NURSING HOME 10203-BHOOKMEN	e IS RESIDENCE ON A FARM? YES NO
n 24 h	Filed in			NAME OF DECEASED HONRY GONN BIRBER 4. DATE OF DEATH STORM	3/ 1962
sd withi	pletely ers. Pag		S. 5	MAIR LUKITE WIDOWED DIVORCED 8/13/1872 1872 (as pirthday)	
execute	an pape death.	T	(LSLAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (State or foreign country) during most of working life eyes & Tiredemp 1 (3) ed), I De R L R M A H Y.	12. CITIZEN OF WHAT COUNTRY
cate be	s cian o ve carb			HENRY BIRBER. MARIA MEANINGE	R
h certifi	ing phy e rema i 72 hau		15. (Yes	was deceased ever in u. s. armed forces? 16. social security No. INFORMANT Add. no. or unknown) (if you give wor or dotes of service) none mrs. Carlotta B. Jackson, 10 Silver	,203 Brookmoor D ^r Spring, Maryland
ne deot	offend on pleas of within			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DRONCHOPHEUMOTICA	INTERVA. SETWEEN ONSET AND DEATH
that th	by the nit. The ny even			Conditions, if any, which) (b) URE MIA	3 Worth
requires	sit pern			gove rise to immediate couse (a), stoting the under lying couse last. DUE TO GRENEVALIZED CONFORMATION	con ;
MD S	as beer ia -tran aval, a	3° 5.	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GI	YEN IN PART 1(0) 19. WAS ALTOPSY PERFORMED? YES NO 5
ĕ	ficate h		L CERT F	20a. ACC.DENT WAS UNDERLYING (20b. DESCRISE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	,
PHYSIC	this cert r use as emation		MEDICAL	20c TIME OF INJURY Month, Day Year 20d INJURY OCCURRED Hour o. m While of work at work at work 19 of work 19 o	(Stote
NDING	After t ched for urial, cn				That I last saw the decease and an the date stated above
R ATTE	tector be deto ior to b	1		ACTUAL Box & Robkin MD/019 University Bo	store) DATE SIGNE
ITAL O	RAL DII should			PHYSICIAN'S BORIS RABKIN Silver Spoling	Md
HOSP C	o FUNE poge 3 the regis			BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY PROSPECT HILL CEMETERY WASHINGTON,	D.C.
	US (4) 9/58		23	WARRIED R. P. LOUIT HILL I THOS STRAIN STRAINS THE LANGE TO STRAIN STRAINS	ISTRAR'S SIGNATURE DIRLING & Krawa
1 300	2 - 404				



Washington.D

DATE AUG 2

S.H.Hines



VS A15 (4) 1SM 9/SB

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIM	ORE, 18
245	CERTIFICATE OF DEATH	Reg. Dist. N. 9237

	PLACE OF DEATH COUNTY	nnt. owom	Tr. Co.	MARYL		USUAL RESI	IDENCE (W	here decease	b COUNTY	on Residence	Geo:	. /
	b CITY OR TOWN (If ou	ontgomer	4/	LENGTH OF STAY I			TOWAYNI (16 -	antenda anama	rate omits, write R	IPAL and an		<u> </u>
	RURAL and give hears Silver	st town)	3, 41	ENOTH OF SINCE		niver			Md.		r routes	ion.,
	d NAME OF HOSPITAL OR NST TUTION		ve street odd	dress)		d STREET	ADDRESS				6 15	RESIDENCE
	The Althea	a Woodla	nd Nu	ursing Ho	ome	4323	Tucke	rman	Street			S NO IS
	3. NAME OF DECEASED	Fin	if	Middle		la	sî	4. DATE	Mon	th	Day	Year
	(Type or print)	Jennie		Elsie	В	owen		DEATH	Augu	st	II	19 60
	S. SEX 6	COLOR OR RACE	7. MARRIED	D NEVER MARRIE	D B D	ATE OF BIRT	TH.		9 AGE (In years lost birthdoy)			JNDER 24 HRS
	F	W	WIDOWED	DIVORCED		6-7-1	1872		88 yrs.	Months D	lays Ho	ours Min
	10a USUAL OCCUPATION I	Give kind of work of	ione 10b KII	ND OF BUSINESS OF	INDUSTRY	11. BIRTHP	LACE (Stote	or foreign c	ountry)	12 CITIZE	N OF WE	HAT COUNTRY?
	House			n Home		Balt	imore	. Md			US	A
1	13. FATHER'S NAME				1	4. MOTHER"						
J	G. W. Br	o Win				Lau	ira	Loane				
,	IS WAS DECEASED EVER IN		CES? [16 SQ	CIAL SECURITY NO	INFO	RMANT			Add	ress		
		n, give war ar dates of se	enzica)	lone	G.	Carvi	lle B	owen	Hyatts	ville	Md.	
	18. CAUSE OF DEATH	[Enter anly one co	use per lane l	for (p), (b), and (c).]	+		./		`			AL BETWEEN
	PART I DEATH	WAS CAUSED BY MEDIATE CAUSE (o)	AR	Trinsc	leno	tie .	1/20	at	DISEAS	e	ONSEL	AND DEATH
	4	DUE TO										
	Conditions, if ony,	which \										
	gove rise to imm											
	couse (o), stating the lying couse lost.	Under-										
		J (c)		NTRIBUTING TO DEA	THE PLET NICH	T DELATED T	O THE TERM	MIAL DISEAS	E COMPLIANCE	ENI NI PART	1/o 10 V	VAS ALTOPSY
	PART II. OTHER	3/ONLY CAME COM	DI 10 43 CG	14-KIBO1 140 10 DEA	<u> </u>	F KLONIED I	O THE LEWIS	IAME DIDENS	E CONDINOIS S	CH MINE.	P	ERFORMED?
		NIDERI VINC D	20F DECCRI	IBE HOW NJURY OF	CHROCK /	alas antura	-6 (5)	Part Las Par	t Lof dam 18.1		-	s NO
	OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH DICAL EXAMINER)	AVD. DESERI	BE HOW HOCK! OC	CORRED. (E	arei noiore	or injury in	, 0,1 , 01 , 01) I Of them 10 y			
	20c. TIME OF INJURY Hour o. m. p. m	Month, Day, Yes				OF INJURY		n, 20f. (City	or town)	(Co	unity)	(Stole)
	Hour o.m.	19	While of work [Not while of work	100,019	, sireci, ottic	e prag., ere	"				
	21. I certify that	Lattended the	decensed	from Apri.	. 26	19	2_{ta}	mg.	11 19 6	Rat Llast	saw th	ne deceased
	alive an	- //	196	_	doath as	curred at	1:45	11 60000	the causes an			
	dive dii		0 11	F, una ma	deam ac	coned a	eg andres	ADDRESS (S		state)	udie sii	DATE-SIGNED
1	ACTUAL SIGNATURE	eved 4	· C	layne	OUL M.D	6311	Ba	16.4	ve-KIV	Ratele	Red	8/11/60
	PHYSICIAN'S D NAME (Type)	avid S C	laymar	a /		R	iverd	ale,	Md.			
	220 BLR AL, CREMATION,	226 DATE THEREO)F 7	22c NAME OF CEME	TERY OR CI	EMATORY		22d. LOCA	TION (City, town,	or county)		(State)
	LUPTAI (Specify)	8/15/60		Ft Linco			У	-	mar Mano	B. F.		
	23. FUNERAL DIRECTOR'S S	IGNATURE		ADDRESS			240 REC	D BY REGIS	TRAR 245 REGI	STRAR'S SIGN	NATURE	
	F. Gasch's	Sons Hy	attsvi	ille, Md.			DATE	uc 1 6 !	00 0	Thur &	House	
				-			W1516	MG 3.K .	DU C	" A MASS! D.	, C. P.	



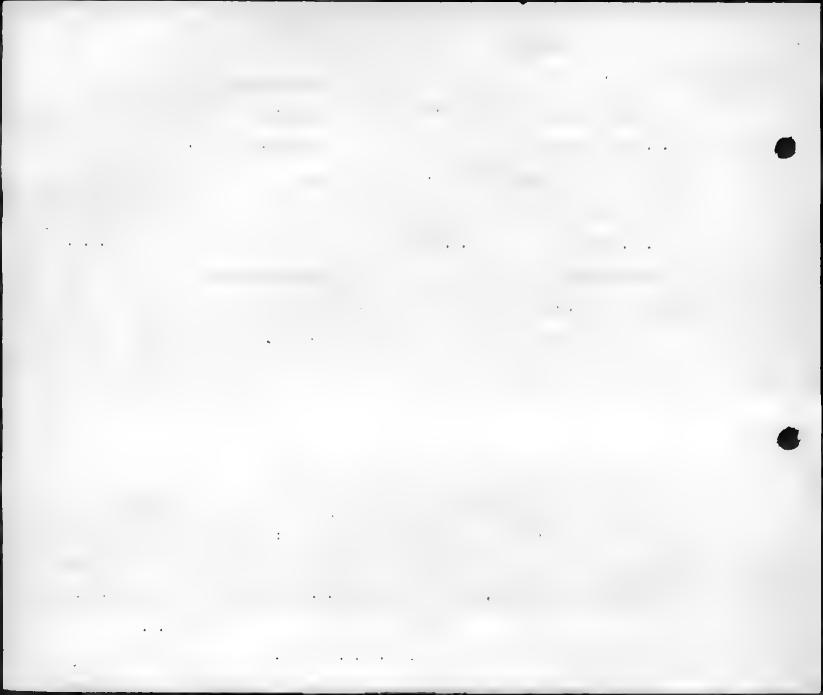
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 03311

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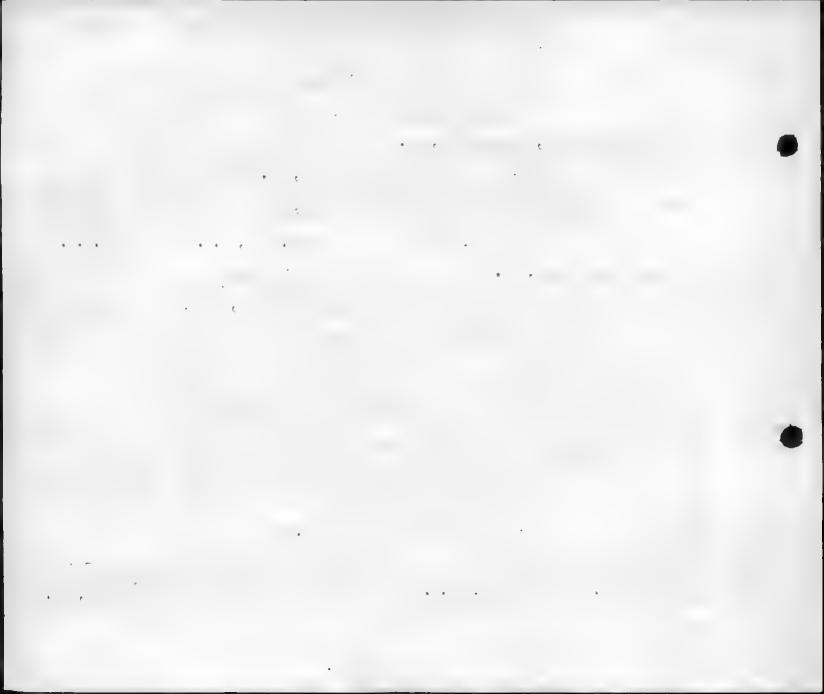
TO HOSPITAL OR ATTENDING PHYSICIAN. The may be retained by the haspital or attending yistuan. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit perm. Then please remains carbon pages? I and 2 should be filled in by the funeral director, the Stote Board of Health prior to burial, cremation, or remaind and in any vertical plants after death.	1. }
124 hr	3.
corted within completely f opers Pag urs after dec	5
irote be exe ysicion and ve carbon p within 72 ha	13
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the haspital NR. After this itached for used the prior to	*
ral OR ATI	
HOSPI Hay be poge 3 s the Stote	230
VR A15 (4) 15M 9759	24

1, PLACE OF DEATH a COUNTY		2. USUAL RESIDENCE (Where of		n Residence befare admission)
Montgomery	MARYLAND	South Caro	olina b county	
b CITY OR TOWN (If autside carporate limits wir RURAL and give nearest tawn)	de c LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside	le carporate limits, write RU	IRAL and give nearest lawn)
Bethesda (Rural)	7 Months	Clinton		2 X - 2
d NAME OF HOSP TAL (if not in haspital, give st OR INSTITUTION	reet address)	d. STREET ADDRESS		e IS RES DENCE ON A FARM?
U.S. Naval Hospital		314 Beaure	gard St.	YES NOTE
3. NAME OF First	Middle	Lost 4.	DATE Mant	h Day Year
(Type or print) Bobby	Joe	BOWLING	OF DEATH AUG	ust 10 1960
	MARRIED NEVER MARRIED	B. DATE OF BIRTH		IF UNDER I YEAR IF UNDER 24 HR
Male Caucasian win	OWED DIVORCED	9-14-34	last birthday) 25 yrs	Manths Days Haurs Min
10a USUAL OCCUPATION (Give kind of work dane	106. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State or fo	areign country)	12 CITIZEN OF WHAT COUNTRY
during most of working life, even if retired) U. S. Navy	U.S. Navy	South Carol	Lina	U.S.A.
13 FATHER'S NAME	VID I NOT	14 MOTHER'S MAIDEN NAMI		
Paul BOWLING		Lila HENDE	ERSON	
IS. WAS DECEASED EVER IN J. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17	NFORMANT	Addre	252
Yes (If yes, give wer or dolen of service)	Unknown	Navy Records		
18 CAUSE OF DEATH Enter only one cause p		,	1	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY:	Fulmonorus	motostone	.)	ONSET AND DEATH
IMMEDIATE CAUSE (a)			4	0
Conditions of many which)	Primary de	hanna	200011	4:1 9 month
gave rise to immediate (w rug ch	~ / / / / / / / / / / / / / / / / / / /
cause (a), stating the <u>under-</u>	U			
	ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVE	EN IN PART I(a) 19 WAS AUTOPS
ATIC				PERFORMED?
200 ACCIDENT WAS UNDERLYING 206.	DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Part	Far Part II of Hem 1B)	704
PART I OTHER'S GNIFICANT CONDITION 200 ACCIDENT WAS UNDERLYING 206. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINE)				
Z 20c TIME OF NURY Month, Day Year 2	0d INJURY OCCURRED 20e PI	LACE OF INJURY (Home form 2	70f. (City or town)	(County) (State
	/hile Not while fo	ictory, street, affice bldg , etc.)		
		1-6- 160	, ta 8-10	260 11 1111 11
21 I certify that (1) (this haspital) at	/			_, 1960., that (I) (we) la
saw the deceased give an 8-10-	17.00 , and that	death accurred of 7:2M	4Mam the causes and	d an the date stated above
Constat II Society	nost	M.D. PHYS MED MED	TOR PHYS	SIO/40 SIGNE
22c PHYSICIAN S		22d ADDRESS	OK PP13	1/10/00
NAME (Type) KENNETH F. SPENCE.	Ter	U.S. Naval	Hospital, Be	thesda. Md.
230 BURIAL CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY O		LOCAT ON (City, town, o	
REMOVAL (Specify) 8-12-60	Rose Lawn		Peadmont, S.	
24 FUNTED DIFFER DOPS SIGNATURE AND	ADDRESS	25g REC'D BY		TRAR'S SIGNATURE
CHAMBERS FUNERAL HOME.		N.W., Wash, D.C.		TRAK S SIGNATURE



TO HOSPITAL OR ATTENDING PHYSICIAN. Taw requires that the death certificate be executed within 24 for after death. Page 4 may be rehained by the hospital or attending. Ystatan. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director. So page 3 should be detached far use as the burial-transit permit. Then p ease remove corban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remardl, and in any event, within 72 hours after death.					,	_
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TO HOSPITAL MAY be reso	OR A	uned b	DIREC	ld be	and of	
A VIS (4) 15M 9/59	SPITAL	be relo	JERAL.	3 shor	ate 🌓	
VR A15 (4) 15M 9/59	O HO	may	O FUL	page	the Si	
	VR 15	A'	IS 97:	(4)		

L	(200)						
1 PLACE OF DEATH a. COUNTY Montgomery		MARYL	O STATE		ed lived finishitut b COUNTY	on Residence before ontendery	
b CITY OR TOWN (If outside corp RURAL and give nearest town)	orale limits, write	c. LENGTH OF STAY IN			porote imits, write F		
Bethesda		151 days	Bethesd	А	- 11	*.	
d NAME OF HOSP TAL (if not in I	nospital, give street		d. STREET ADD	RESS			e IS RESIDENCE
The Clinical Cent	er, Bethe	sda 14, Md.	5513 No	rthfield	Road		YES NO
3 NAME OF DECEASED (Type or print)	Thomas	M ddle Mart in	Lost Boyd	Jr. DEAT	мог н А ц	gust 5	y Yeor
5 SEX 6 COLOR (OR RACE 7. MARR	HED NEVER MARRIED	B. DATE OF BIRTH		9 AGE (in years Jost birthday)		
Male Whit	e widowi	ED DIVORCED	☐ August 21	, 1953	6 yrs	MTT T4	Hours Mer
10a USUAL OCCUPATION (Give kind during most of working life, even	of work done 10b if retired)	KIND OF BUSINESS OR					WHATCOUNT
Child		None		hington,	D.C.	U.	S.A.
13. FATHER'S NAME			14. MOTHER S M.				
Thomas Martin B		emeral engineers are		lyn Bryai		1	
15 WAS DECEASED EVER IN U. S. AF (Yes, no. or unknown) (If yes, give wor		*-	_		Record Add		2 2
No		None	The Clinica	1 Center	Retnesd		
18 CAUSE OF DEATH [Enter of	ICCD AV		ic Leukemia			ONS	erval between Set and death 1 Year
Conditions, if ony, which gove rise to immediate couse (a), stoling the under-	DUE TO (b) (c)	COLUMN BUYUN C. T.O. OF A		(F7EB/41)-/1 D. CS.	VE COLD TO LC	The Date of the Control of the Contr	O VALAS ÁLITOR
Part II OTHER SIGNIFIC 200 ACCIDENT WAS UNDERLY!! CAUSE C	ANT CONDITIONS	CONTR BUTTING TO DEAT	H BUT NOT RELATED TO T	TE TERMINAL DISEA	ISE CONDION GI	VEN IN PART I(0)	PERFORMED?
	F DEATH	CRIBE HOW INJURY OC	CURRED (Enter nature of 4)	njury in Port Lot P.	ort II of Hem 18)		
20c. TIME OF NURY Month, Hour o. m, p. m.	Day Year 20d. While of wor	Not while	Oe PLACE OF INJURY (No foctory, street, affice b	me form, 20f. (C idg , etc.)	ity or town)	(County)	(Ste
21 I certify that (I) (this sow the deceased olive of			rom March 7		August		stated obay
220 SIGNATURE WWW.Cell	UCPH	114-	ATTENDING PHYS	MED DIRECTOR			226. DATE -6-60 SIGN
22c PHYS C AN'S NAME (Type) W. WAI	TER OPPER	л, м.р.	22d ADDRESS Instit	TITE OFT	nical Con Health, B		
23g BURIAL CREMATION 23b DATE BUTTAL Spic (y) 8-8	- 60	Loudon	Park Cemet		AT ON (City, town, ltimore		(Stote)
24, FUNERAL DIRECTOR'S SIGNATUR	tale	C MODER /	employed 2	50 REC'D BY REGI	STRAR 25b. REG	ISTRAR'S SIGNATU	RE . 4



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3	3	2	CERTIFICATE	OF D	EAT

	9332	CERTIFICATE OF DEATI
OF SEATH		a trailat étraipeates o

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000%					
1. PLACE OF DEATH O COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (W) 0. STATE Maryland		If institution, Residence COUNTY Prince Ge	
b. CITY OR TOWN (If outside corporate limits,	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate ljimi		
RURAL and give nearest fown) Bethesds	1 day	Hvattsville	/(4	4.7 - 7	
d. NAME OF HOSPITAL (If not in hospital, giv OR INSTITUTION		d. STREET ADDRESS		-	B IS RESIDENCE ON A FARM?
The Clinical Center.	Bethesda 14. Md.	2408 - 57th	Place		YES NO
3. NAME OF First	Katheri		14. DATE D	Month	-Doy Year
(Type or print) Doroth	y Catherane	Bradshaw	OF DEATH	August	2. 19 60
S. SEX 6. COLOR OR RACE 7	MARRIED NEVER MARRIED	B. DATE OF BIRTH 30,	1.916 9. AGE		YEAR IF UNDER 24 HR
Female White	VIDOWED DIVORCED	May RI. 191	terms and the second		Days Min.
10a USUAL OCCUPATION (Give kind of work do during most of working life, even if retired)	ne 106 KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	or foreign country)	12 CITIZ	EN OF WHAT COUNTRY
Housewife	None	Georg	ria.	(3)	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN F	NAME	2	·
Joseph R. Willis		Marie Re	dwine		
15. WAS DECEASED EYER IN U. 5. ARMED FORCE (Yes, no, or unknown) (If yes, give war or dates of serv		NFORMANT The Med	dical Reco	rd Address	*
No	Unascertainable J	he Clinical (Lenter, Be	thesda 14,	Maryland
TB CAUSE OF DEATH [Enter only one cour	se per line for (o) (b), and (c).]	7	24		INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o)_	Pulmonary emboli	18			hours
DUE TO	Carcinoma, breas	sts - bilaters	1	2 000	0
Conditions if any which) (b)	Metastatic to be	one & soft tis	ssue		9 months
gove rise to immediate (couse (a), stating the under-					. 70
lying couse tost. (c)					
PART II OTHER SIGNIFICANT COND	T ONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	INALD SEASE COND	TION GIVEN IN PART	1(a) 19 WAS AUTOPS' PERFORMED?
J Uremia, anemia					YES 🔼 NO 🗆
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	0b. DESCRIBE HOW INJURY OCCURRE	D (Enter noture of injury in	Part I or Part II of ite	m 18.)	
20c. TIME OF INJURY Month, Doy, Year Hour o.m. 19	E-	ACE OF INJURY (Home, form ctory, street, office bldg., etc.) (C	ounty) (State
Hour o.m.	While Not while of work of work	ese. It support entres established	1		
21 I certify that (I) (this hespital)	attended the deceased from.	August 1 19	60 to Aug	ust_2 19_6	O, that (I) (em) in
saw the deceased alive onAu					
220 SIGNATURE	UV. P.				22b. DATE SIGNE
Mokins	* Mohime	M. D. PHYS D	RECTOR PHYS	I	8/3/60
22c PHYSICIAN 5 NAME (Type) Haskins K.	Kashima, M.D.	22d ADDRESS The		Center, N	
				h Bethesd	
Burial Specify 8-5-60	23c NAME OF CEMETERY C Arlington		J't Mye	4.5	(Stote)
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			25b, REGISTRAR'S SIG	SNATURE
Lee Funeral Home	- Washington D	. C * DATEAU	G 5 '60	Orthur & ?	King

ofter death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN:

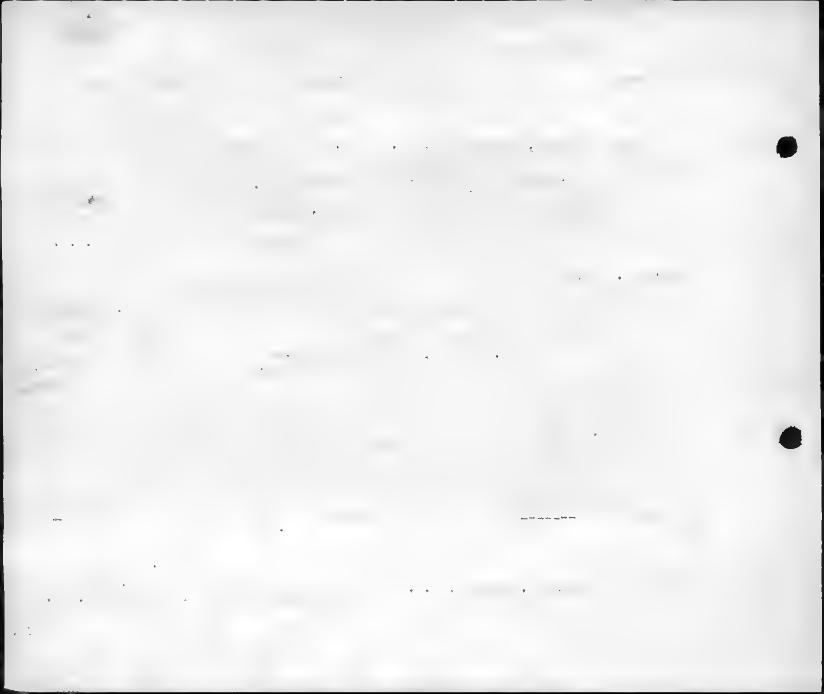
may be retained by the hospital or attended.

ystation

THE PERRAL HIRECTOR: After this cert ficate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 boards after death.

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VR A1S (4) 15M 9/59



TO HOSPITAL OR ATTENDING PHYSICIAN: Symptopic and property of the haspital an attend not hysician. TO FUNERAL DIRECTOR: After this certificate has been significantly and the state Board of Realth prior to burial, cremotion, ar referenced.	TO HOSPITAL OR ATTENDING PHYSICIAN: Saw requires that the death certificate be executed within 24 hy offer death. Page 4	iysician.	ुज TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and camp etaly filled in by the funeral director,	page 3 should be detached for use as the bur ol-transit permit. Then please remaye carbon papers Pages 1 and 2 should be filled with	the State Board of Realth prior to burial, cremotion, ar removal, and in any evert with 72 hours ofter death	
	S TO HOSPITAL OR ATTENDING PHYSICIAN:	may be retained by the haspital ar attend n	7 TO FUNERAL DIRECTOR: After this certificate he	page 3 should be detached for use as the bur	the State Board of Realth prior to burial, cremy	

Law requires that the death certificate be executed within 24 ha

0000	CERTIFICA	IE OI DEATH		
PLACE OF DEATH COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (When o. STATE Kentucky	e deceased lived If institutions Res a b. COUNTY	dence before admission)
b CITY OR TOWN (if outside corporate limits, write RLRAL and give nearest town) Bethesda (Rural)	c, LENGTH OF STAY IN 16	CITY OR TOWN (if out	side corporate limits, write RURAL on	ed give nearest town).
d NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION		d STREET ADDRESS		e IS RES DENCE ON A FARM?
U.S. Naval Hospital		943 Sch111	ler Avenue	YES NO X
3. NAME OF First DECEASED (Type or print) Ann	Margaret.	BREITENSTEIN	OF DEATH Assessment	Day Year
. AMI	44.20	B. DATE OF BIRTH	9. AGE (In years IF UND	ER 1 YEAR IF UNDER 24 HRS
Female Caucasian		3-21-17	lost birthdoy) Month	Days Hours Min.
Oa USUAL OCCUPATION (Give kind of work done 16 during most of working life, even if retired)			foreign country) 12 0	TT ZEN OF WHAT COUNTRY
U.S. Navy	U.S. Navy	Kentucky		U.S.A.
3. FATHER'S NAME		14 MOTHER'S MAIDEN NA		
Fred BREITENSTEIN		Florence	SCHOENLAUBE	
S WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown) Yes Korean	401 10 6220	IFORMANT NAVV	Records	
PART 1 DEATH WAS CAUSED BY (MMEDIATE CAUSE (a)		ENIC CAI	RCINOMA	NTERVAL BETWEEN ONSET AND DEATH 3 MONTH
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying cause lost. (b)				
PART II OTHER 5 GNIFICANT COND TION 20 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	al disease condition given in P	PART I,a) 19 WAS AUTOPSY PERFORMED? YES NO X
206 D 206 OR CONTR.BUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D (Enter noture of injury in Po	rt (or Port II of Item 18.)	
Hour o.m. Wh	En.	ACE OF INJURY (Home form, ctory, street, office bldg, etc.)	20f (City or fown)	(County) (State
21 I certify that (I) (this haspital) atters saw the deceased alive an 8-1-	nded the deceased from		MFrom the causes and an	60 , that (I) (we) las the date stated abave
220. SIGNATURE FRANK	000	ATTENDING MED M D PHYS, DIRE	27.480	8-2-60 226, DATE SIGNET
22c PHYSICIAN'S NAME (Type) F. S. CALDWE	u, ut, mc, usn	U.S. Naval	. Hospital, Bethe	sda, Md.
3d BUR AL CREMATION. (3) BATE VEREPF/ REMOVAL (Spec fy) 8-2-61)	23c NAME OF CEMETERY O		Louisville, Ken	
Adams Funeral Home 474	ot Coorses dans	And a	BY REG STRAR 2S6 REGISTRAR S	SIGNATURE



Day

30

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO TO

(Stote)

SIGNED

(Stote)

12 CITIZEN OF WHAT COUNTRY?

Days

(County)

Months

IS RESIDENCE

ON A FARMS

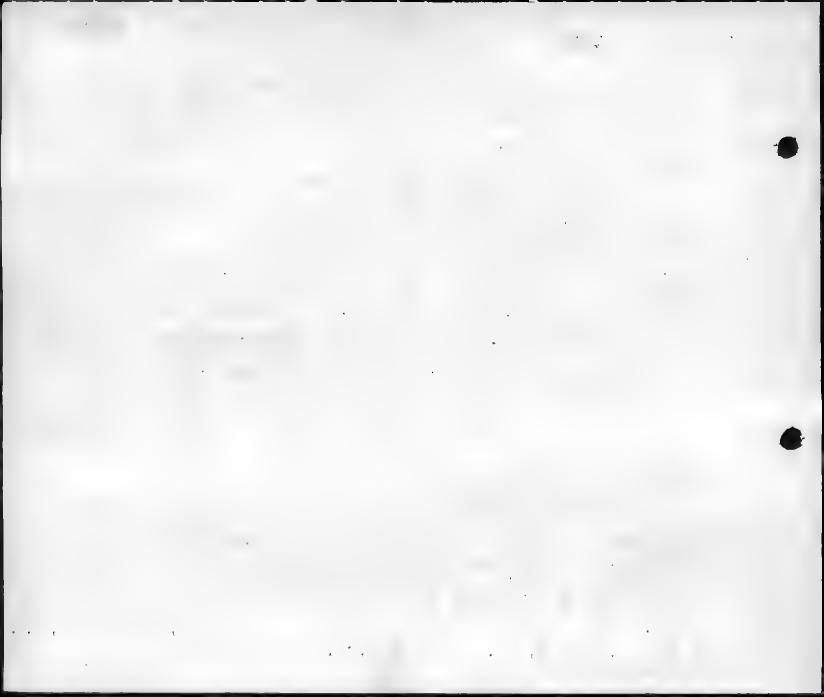
YES I NOTE

Year

1960

by the haspital may be retained by TO FUNERAL DIRECTOR: A page 3 shauld be detacht bage 3 shauld be detacht

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after death. Page 4

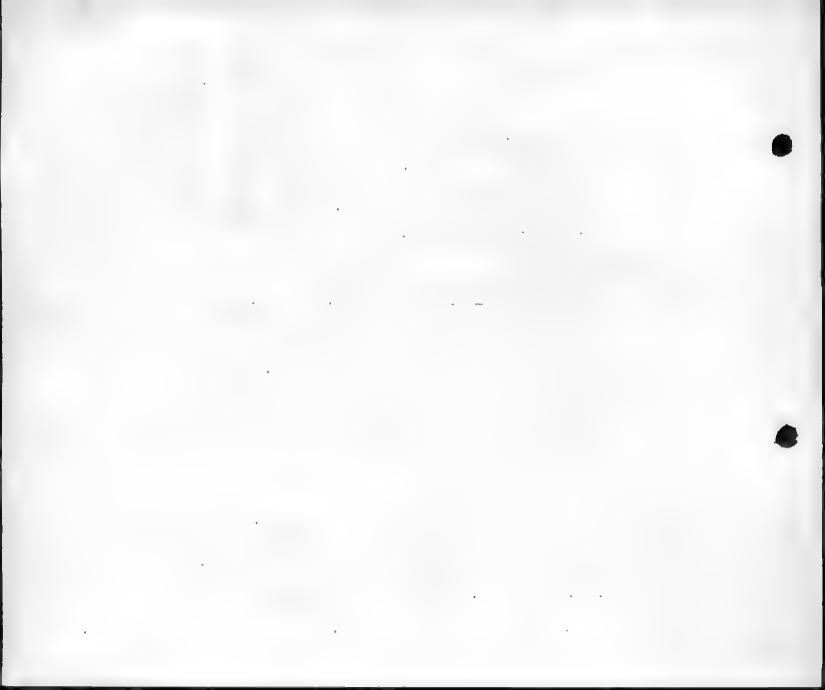
aw requires that the death certificate be executed within 24 hg

may be retained by the haspital ar attending yician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN VS A15 (4) 15M 9/5B

			•	CEKTIFIC	AIL	TE OF DEATH					Reg. Dist. No.			
1.	PLACE OF DEATH	Montgomery			SUAL RESID	_ ` .			nstitutio OUNTY	2.4				
L			Maryland Montgomery											
1	RURAL and give n	(If outside corporate limits, wi- legrest town) OINEV		c CITY OR TOWN (if outside corporate limits, wriste RURAL and give nearest town) Monrovia									1)	
H	d. NAME OF HOSPI	TAL (If not in hospital, give str		day	1	d. STREET ADDRESS						e IS RESIDENCE		
		Montgomery General Hosp.					/ RFD # 1						YES NO	
3.	NAME OF DECEASED	First		Middle		Last		4. DATE OF		Mont	th	De	эу	Year
	(Type or print)	Edward		Louis	B	urdet	te	DEATH	1	Aug	ust	8		1960
5	SEX	6. COLOR OR RACE 7 M	AARRIED	NEVER MARRIED	8. DA	TE OF BIRTH		-	9 AGE (I				IF UND	
	Male		OWED 🔲	DIVORCED [Fe	b. 27	. 18	888 lost births			Months	Doys	Hours	Min.
10	during most of wor	ON (Give kind of work done) rking life even if retired) employed Far				I), BIRTHPLA	CE (Stote				I2.Ci	USA		OUNTRY?
13	3. FATHER'S NAME	011010,00104	1110	VIII 2 COL 1		MOTHER'S			A					
	Richard	Burdette				Leur	na Tu	ouis						
15	WAS DECEASED EVI	ER IN U.S. ARMED FORCES?	16 SOCIAL	SECURITY NO	INFOR		G 11	JULD		Addr	ess			
ľ	Yes, no, or unknown)	(If yes, give war as dates of service)	73-40	0-4716	H	ospit	.aT :	recoi	คกี ย					
F		ATH Enter only one couse pe			- 44	OPPT		.0001	40			LINT	ERVAL BE	TWEEN
П	PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) O CONTROL OF THE CAUSE (b) O CONTROL OF THE CAUSE (c)										ONSET AND DEATH			
П														
DUE TO Q											10 8000			
L	Conditions, if any, which gove rise to immediate (b) Western Acco Sand									12	10 (23. 2.			
	couse (a), stating the <u>under-</u> lying couse lost,													
Z		HER SIGNIF CANT COND TIO	NS CONTRIB	BLTING TO DEATH BI	IT NOT	RELATED TO	THE TERMI	NAI D SEA	SE CONDITI	ON GIV	FN IN PA	RT 1(p)	19 WAS	ALITOPSY
CATO	H-	Jes Der	. H-0.	0		\$1000 PG	دودا	~~~~		0		. (44)	PERFO	NO [
	PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING OF CAUSE OF DEATH OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)													
MEDICAL	20c. TIME OF INJU		INJURY C		PLACE O	F INJURY (H	ome, form	20f. (Cit	ly or town)			(County)		(Stote)
MED	Hour o. m. While Not while foctory, street, office bldg., etc.)													
	21 cartify t	hat I attended the dece	eased fro	m /93	2	. 19	10O.	8	,	1066	that L.	ast sa	w the c	leceased
	alive an	n /7	960	, and that dea		irred at	008	Me from	the cou	ses an	d an th	e dati	e stater	l above
П	7			A	· · · · · · · · · · · · · · · · · · ·	med dig	~ 7	ADDRESS (Street, city o	or fown,	stote)	ic duit	DAT	E SIGNED
L	ACTUAL Z	21Cand	Same 9	5		98-	1- 71	40.4	51	-	<i>_</i> .		8/0	160
П	SIGNATURE	4			_ M.D			1000			2		.0/_7/	-229
	PHYSICIAN'S NAME (Type)	M. M. Boyer	M.D			Da	ma.s.c	111S.	Mary	lan	ď			
27	20 BURIAL, CREMATIC		*	NAME OF CEMETERY	OR CRE		**********		ATION (City				(Stot	re1
	Burial Specify			Bethesda.	Met	_		_					_ `	-1
23	B. FUNERAL DIRECTOR			DE UNESCA. DORESS	MeI		24a REC'	D BY REGIS	Uning		TRAR'S S			
1	(())	TM Molerum	44.	anascus,	36.5				_					
L.	- Com	10000000	. 1	Enganame,	, Md		UAIFAU(3 11 '6)U	17 1	1 , 9	2004	A	





DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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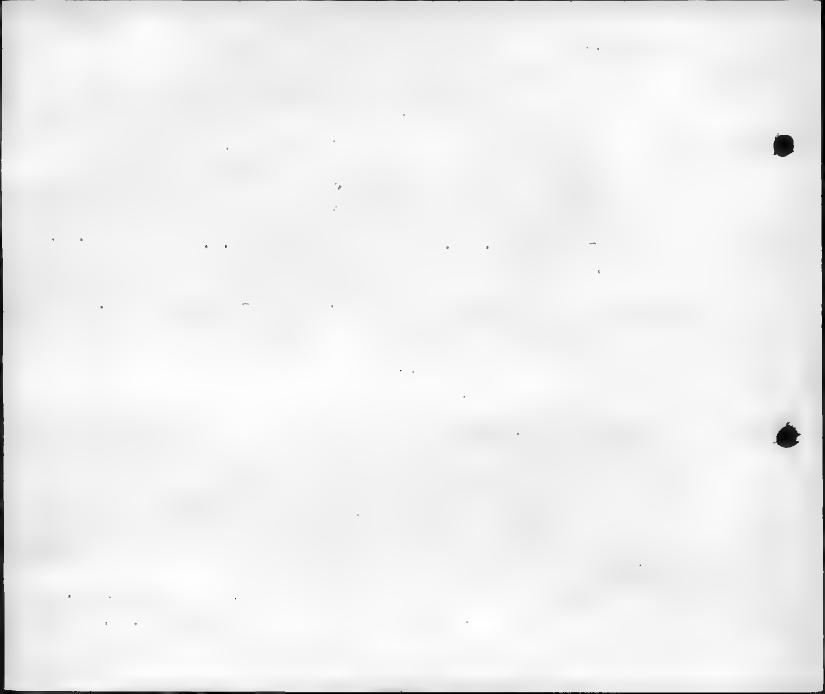
CERTIFICATE OF DEATH

-											
1	PLACE OF DEATH O COUNTY	Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) o. STATE b COUNTY Maryland Montgomery							
	RURAL and give	I (if outside corporate limits, write nearest town)	c length of stay in 16 21 hrs.	Ch evy Chase							
	d NAME OF HOS	PITAL (Final in haspital, give street N	oddress)	d STREET ADDRESS							
		Suburban		3700 Dunl	YES NO						
3	NAME OF DECEASED	First	M ddle	Lost	4. DATE OF	Month	Day Year				
L	(Type or print)	Rob ert	R.	Burklin	DEATH	August 2	8 19 60				
S	SEX	6 COLOR OR RACE 7 MARR	IED 🗶 NEVER MARRIED 🔲	B DATE OF BIRTH	9 AGE last		Days Hours Min.				
	M ale	White WIDOWE		4/24/90		7.0°					
	during most of w	TION (Give kind of work done 10b orking life, even if retired) Ted_Acting Gov.		Washingt Mashingt	on D.C.		J. S. A.				
(leorge E	u zklin		Harriett	Hoover						
	. WAS DECEASED E	VER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	INFORMANT		Address Ch€	vy Chase				
	no	1 1 1 1	none l	lay W. Burkl	1n - 3700	Dunlop S	st.				
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]										
	PART I		ONSET AND DEATH								
	57										
	Conditions, il	3 weeks									
	gave rise to cause (a), statis										
	lying couse to	20 years									
CATION	Part of Other's Gnificant conditions Contributing to Death But not related to the terminal disease condition given in Part 1(a) 19 Was AJTOPSY PERFORMED?										
3	Azotemia and Bronchopneumonia										
CERTIF											
MEDICAL	20c TIME OF INJURY Manth, Day Year 20d INJURY OCCURRED Hour a. m. 19 While Not white at work of wark										
ſ											
	saw the deseased alive an August 28 19 60, and that death accurred at 12PM, from the causes and an the date stated above										
	220 SIGNATURE ATTENDING MED. STAFF Aug ust 28,000 PHYS Aug ust 28,000 PHYS										
	22d. ADDRESS NAME [Type] Robert G Angle 5009 Del Ray Avenue Bethesda M d.										
		Robert G. An					E en ve				
23	BUR AL, CREMA REMOVAL (Spec	9/3/60	Glenwood	Cemetery	Washing	ton, D.	G (State				
24	The & H		ADDRESS 2901-148/		D BY REGISTRAR	256 REGISTRAR'S SIG					

and completely filled in by the funeral director, barryopers, Pages 1 and 2 should be seen with TO HOSPITAL OR ATTENDING PHYSICIAN: Tow requires that the death certificate be executed within 24 may be retained by the haspital or alterdine significant signed by the attending physician and confliction in the first flux certificate has been signed by the attending physician and confliction in page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers Pages 1 the State Board of Health prior to burial, are marked, and in any event, within 72 hours after death. gow requires that the death certificate be exprision

offer death Page 4

VR A15 [4] 15M 9/59



DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before before ission) o. COUNTY b. COUNTY MARYLAND arrue CITY OR TOWN (If outside expopule limits, w c. LENGTH OF STAY IN 16 c CITY OR TOWN HE d. STREET ADDRESS . IS RESIDENCE ON A FARM YES 🔲 NO ً NAME OF DECEASED (Type or print) 9. AGE (In years lost birthday) Months Day 12. CITIZEN OF WHAT COUNTRY? CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stoting the underfring couse lost. PART HE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🗔 NO 🍱 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I of ort It of stem 18) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or town) (County) (Stote) factory, street, office bidg , etc.) at work | at work 19.60, ta 21. I certify that I attended the deceased from and that death occurred at 9 = 30 M, from the causes and an the date stated above BUR AL, CREMATION. 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City lown, or county) REMOVAL (Specify) Arlington Nat'l Burial Cem. Arlington, Virginia 23. FUNERAL DIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE The S. H. Hines Co. Washington.



CERTIFICATE OF DEATH

	PLACE OF DEATH G. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a. STATE b. COUNTY Maryland Montgomery									
	b CITY OR TOWN (If outs de corporate l'mits, write RURAL ond give nearest town) RECENTION (IF OUTS de CORPORATE L'AND L	c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Garrett Park									
	d. NAME OF HOSP TAL (If not in hosp tol, give street address) OR INSTITUTION 10804 Weymouth Street	d. STREET ADDRESS 10804 Weynouth Street on a FARM? YES NOTE									
	3. NAME OF DECEASED (Type or print) FAITH ELIZABETH	BURRISS 4. DATE OF DEATH Aug. Day Yeor 19 60									
	Female 6 CO.OR OR RACE 7. MARRIED NEVER	B DATE OF BIRTH 8/18/60 9 AGE (In years lif JNDER I YEAR IF JNDER 24 HRS lost birthdoy) yrs Hours Min									
	100 JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	Maryland US									
	Carl Edmund Burriss	14. MOTHER'S MAIDEN NAME ** Mary Helen Morris									
1	firm and the state of the state	arl Edmund Burriss-father-same 2d									
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions if any, which gove rise to immediate cause (o), stating the under lying cause last. (c)										
	PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTO PERFORME YES NO 200 ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
V 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Hour a.m. 19 of work											
	220 SIGNATURE (Wal) & north	leath accurred atM, from the causes and an the date stated abave ATTENDING MED STAFF Aug. 26,1960 22d ADDRESS ATTENDING HYS Aug. 26,1960 22d ADDRESS ADDRESS Avg. Bethesda, Md.									
		House Cem Sandy Spring, Maryland									
	24. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey Bethesda, Mar	yland 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DATEUR 3 0 '60 Cultura & Harris									

attending physicion and campletely filled in requires that the death certificate be executed within 24 Then please remave carban papers. Pages 1 and in 18ny event, within 72 haurs after death may be retained by the haspital or attending so toon TO FUNERAL DIRECTOR: After this cert ficate has been signed by the page 3 should be detached far use as the burial transit permit. Then the State Board of Health prior to burial, aremotion, or remayal, and TO HOSPITAL OR ATTENDING PHYSICIAN

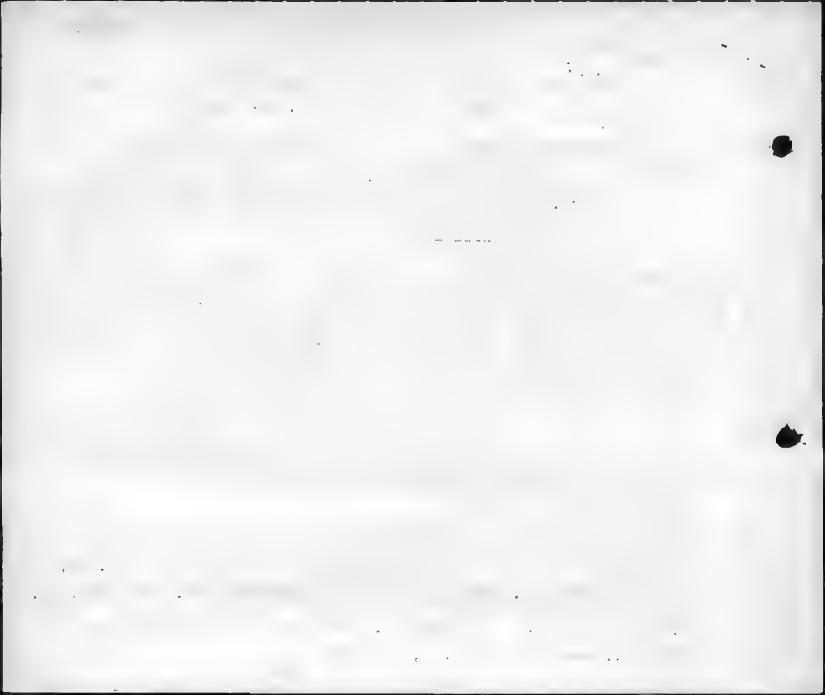
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TO HOSPITAL OR ATTENDING PHYSICIAN: Associated the part of the death certificate of executed minimum.

May be retained by the haspital or attending spicion.

TO FUNERAL DIRECTOR: After this cert fcate has been signed by the attending physic an and completely fulled in by the funeral director.

TO FUNERAL DIRECTOR: After this cert fcate has been signed by the other process carbon popers. Pages I and 2 should be filled, with

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page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the State Board of Health prior to burial, crematian, ar remaval, and in any event within 72 haurs after death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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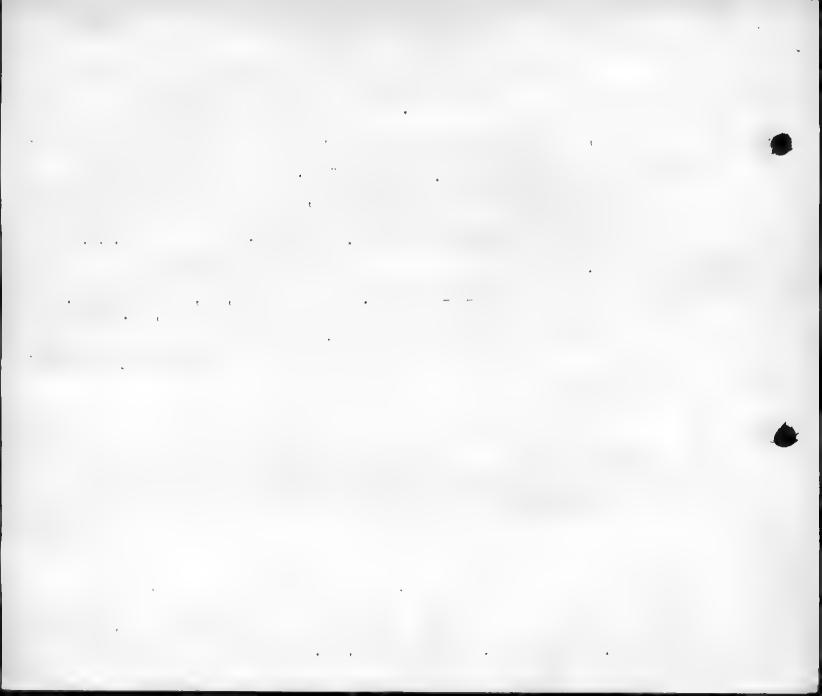
	1 PLACE OF DEATH O COUNTY MONT GOMERY MARYLAND 2 USUAL RESIDENCE (Where deceased I ved. If institut on Residence before admission) of STATE D.C., b COUNTY								
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) BETHESDA C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LV ASHINGTON								
8	OR ISSTITUTION D. MANUR NURSING/TOMA 3413- OAKWOOD TERRACE YES NO								
	3 NAME OF DECEASED (Type or print) WILLIAM SCHILL ST CALL CATH ALLE, 17 1940								
	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH MALE WIDOWED DIVORCED B DATE OF BIRTH 9 AGE (In yeors of UNDER 1 YEAR IF UNDER 24 HR) Months Days Hours Min								
	100 USUA. OCCUPATION, Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT COUNTRY OUTPING WISH, S. P. NEWFULINDLAND W.S. A.								
	WM, V. CAHILL MARY E. WHELAN								
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes. no of uninpown) (Yes. no of uninpown) (H. yes give wor of doles of service) MARTIN J. CAHILL 8606-2 and . Gas. Sil Sy								
	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)								
	Conditions, it only, which to CARCINOMA - STOMACH Lem								
	Couse (a), storing the under- lying couse last. DUE TO (c)								
	Part II OTHER S.GNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED? YES NO.2								
	200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.)								
	20c TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work								
	21 I certify that (1) (this baseival) attended the deceased from July 26, 1964 to Ching 17, 1964 that (1) (we) la saw the deceased alive an angle 14 1964 and that death occurred as M, from the causes and an the date stated above								
	120 SSIGNATURE 226 DATE STAFF Changles STAFF Changl								
	PHYSICAN'S NAME (Type) EMMETT P. M. ADIEAN MO 443 & Montgony - Be Ch. My.								
	230 BURIAL CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City John or country) (Store 1) Store (Country) (Store 1) Store (Country) (Store 1) Store (Country) (City John or country) (Store 1) Store (City John or country) (City John or country)								
-	24 FUNERA. DIRECTOR'S SIGNATURE ADDRESS LING WILL 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Transis Holling 3821-144, St. Min DATE AUG 19'60								



after de		the fun	shauld	(
le be executed within 24 hours of		ian and campletely filled in th	carban papers. Pages 1 and 2 sh	hin 72 hours after death
requires that the death certificat	on.	signed by the attending physici	sit permit. Then please remave	or removal, and in any event, with
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after die	may be retained by the haspital or ottendin (sicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funi	page 3 should be detached for use as the burnal-transit permit. Then please remave carban papers. Pages 1 and 2 shauld	the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

VR A15 (4) 15M #/59

9246 DIVISION OF	STATISTICAL RESEARCH	DEPARTMENT OF AND RECORDS — BALTIA ATE OF DEATH	HEALTH MORE 1, MARYLAND	09249					
1. PLACE OF DEATH o. COUNTY MONTGOMERY	MARYLAND	A CTATE	TLAND b COUNTY	n Residence before admission) MONTGOMERY					
b C TY OR TOWN (If outside carporate limits, write RURAL and give nearest town) SILVER SPRING	c. LENGTH OF STAY IN 16		utside carporate limits, write RI VER SPRING	URAL and give nearest lawn)					
d NAME OF HOSPITAL, If not in hospita, give street OR INSTITUTION 10,027 Tenbrook	oddress) Drive	10,027 Ter	brook Drive	o is residence on a farm? Yes \boxed no \boxed					
3 NAME OF Frst DECEASED (Type or print) ALFRED	R. C	ALHOUN	4. DATE Mon OF AUGUS	T 18 Doy Year					
S SEX 6. COLOR OR RACE 7 MARS	RIED NEVER MARRIED	B DATE OF BIRTH MARCH 25, 1891	9 AGE (In years lost birthdoy) yrs	Months Doys Hours Min					
On JSJA. OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK (Retired) C. IS. FATHER'S NAME	kind of Business or ind apital Transit		RGINIA	U.S.A.					
(Yes no or unknown) (If was now over as dates of secure)		VIRGINI INFORMANT ir. Everett Cal	A MULLENEAUX						
Canditions. If any, which gove rise to immediate cause (a), stating the under-lying cause last. Canditions. If any, which (b) DUF TO (c) PART II OTHER SIGNIFICANT CONDIT ONS	Sleneraly CONTRIBUTING TO DEATH BI	,	Metast NAL DISEASE CONDITION GIV	EN IN PART I(a) 19 WAS AUTOP					
PART H OTHER SIGNIFICANT CONDITIONS 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH UT FITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in P	fact I ar Port + af (tem 18.)	PERFORMED?					
· · · · · · · · · · · · · · · · · ·	Nat while	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.		(Caunty) (Sta					
21 I certify that (1) (this hospital) attended the deceased fram. 1957, ta									
220 PHYSICIAN'S BELDEN R. /F	PEAP, M.	D. WHEA	TON, MAI	RYLAND					
23d BUR AL CREMATION, REMOVAL (Spec fy) BURIAL 8/22/60	PARKLAWN CEN			DUNTY, MARYLAND					
24 FUNERA DIRECTOR'S SIGNATURE AND LANCE L'AUTHORITY AND LANCE L'AUTHORITY AND	. SILVER SPE	RING, MD. 250 REC'L	BY REG STRAR 256 REG 5.	STRAR'S SIGNATURE					



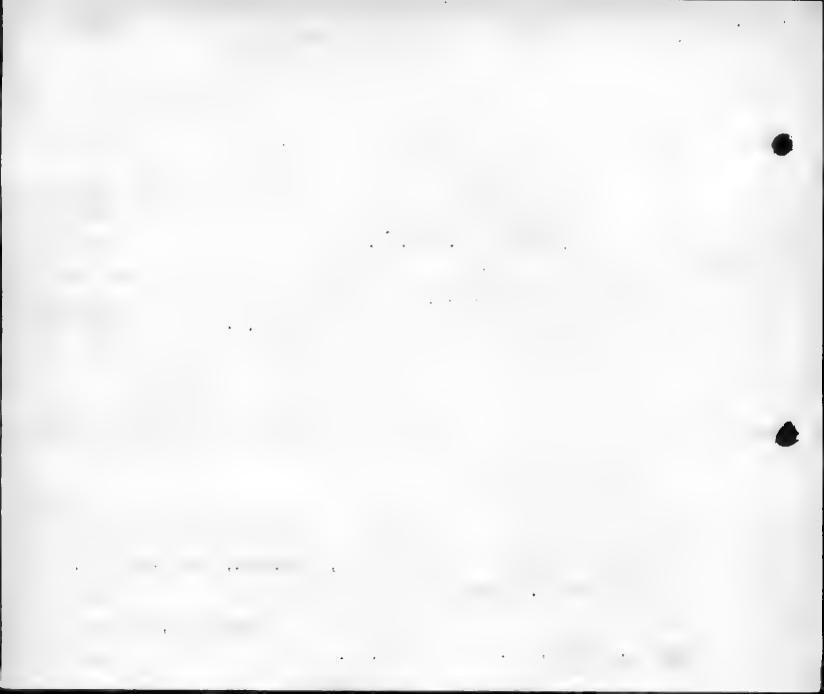
VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 9266

09250

	o. COUNTY Montgomery					м	ARYLAND	2 USUAL RESIDENCE (Where deceased I ved If institution Residence before as 5 TATE b COUNTY Montgon							
	RURA	b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and green earest town),								L and give Fe	arest town)				
* -	d NAME OF HOSPITAL (If not in hospital, give street address) or Institution on A														
	wa	ShingT	64 5	anito	ariu	nit He	ospita	/ /3	sox:	328		. /		YES 🗍	NO D
	3. NAME C DECEAS (Type or	ED		Vera	L	Mil	ddle	1	ants	4 DATE OF DEATH		Manth Aug	1-		960
	5 SEX		6. COLOR OF	RACE 7.	MARRIED [NEVER MA	ARRIED 🔲	B. DATE OF BI	RTH		9. AGE (In last birth	/,	NDER I YEAR		
	Fem	a/e	Whit	e w	IDOWED [Divo	RCED 🗍	4-4	-09		50	yrs /	11 9"	Hours	Min
-	durng	L OCCUPATION most of work in	N (Give kind ong life, even il	f wark dans retired)	e 10h. KINI	OF BUSINES	S OR INDU	STRY 11. BIRTH	FUI O	ar foreign co	ountry)		12 CITIZEN O	F WHAT CO	DUNTRY?
	3 FATHER		-/	7				14 MOTHE	R'S MAIDEN	NAME	01		- P1 -		
	Ka	+/is	5 /3	ra	301	us		M	aria	- 13	3/41	m			
	15 WAS DI	ECEASED EVER	N L S ARM	ED FORCES	7 16 SQC	IAL SECURITY	NO. 17, II	IFORMANT	,	0		Address			
	N	0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		214-	32-78	27 V	N. S. A	tosp.	, Ke	core	4 S .			
	1B C/	AUSE OF DEAT			per line fo	r (a), (b), and	(c)]		J					TERVAL BET	
		PART I DEAT	H WAS CAUS IMMEDIATE C	ED BY AUSE (o)	Co	2 eliepe	a	Tone	Conda	-a					
	1881	K 2 K		DUE TO	1	r		1	1/		47			0	SI
		sitions if on; rise to im	mediate	(b)	Ca	Henry	na A	ung 1	ve/Is	me,	dola	alo		8 mis	m the
	couse	(o), stoting the	-	DUE TO				9							
			R SIGNIF CAI	(c) _ NT CONDITI	IONS CONT	TRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	AINAI DISEAS	E CONDITIO	ON G VEN	N PART I(o)	19 WAS A	LTOPSY
	FICATION													PERFOR	NO
	OR CO	CCIDENT WAS INTRIBUTING (HER, NOTIFY A	CAUSE OF	DEATH	b DESCRIBI	E HOW INJUI	RY OCCURRE	D (Enter natur	e of injury in	Port I or For	Illot dem	IB.J			
		ME OF INJURY dour a.m. p. m.	Month, D		20d. INJUR While at work [Nat while at work		ACE OF INJUR			ar town)		(County)	(State)
	21 1 6	certify that	(I) (this he	espital) a	ntended	the deceas	sed fram.	Febru	corry 10	60, ta	aug.	/3	1960 1	hat (I) (v	ve) last
	sawi	the decease	ed alive ar	8	113	1960.	and that o	leath accur	red di/3	M, fram	the caus				
1	220 51	IGNATURE 1	nan	. 1	7	Ckin		M D PHYS	ING X	AED.	STAFF PHYS		8	1/13/1	DATE S GNED
	22c Pl-	HYSICIAN'S AME (Type)	rvin	L. K	^lki	n		22d. AD			.,04	jven	Spri	r ^, ^10	d .
		CREMATION VAL (Specify)	1, 235 DATE	THEREOF		ROC'	_	R CREMATORY	·		tion ich	town, or co	D.C.	(State	e)
	24 FUNERA	AL DIRECTOR'S		1 77	1003	ADDRESS.			250. REC	D BY REGIST	IRAR 25b	REGISTRA	R S SIGNATI	JRE	
	$T_{i} \cap i$	n Whea	Rock	'.H	2 N	T. Mo	onts.	Ave.	DATE A	UG 17 1	60	arch	1 8. the	UA.A	



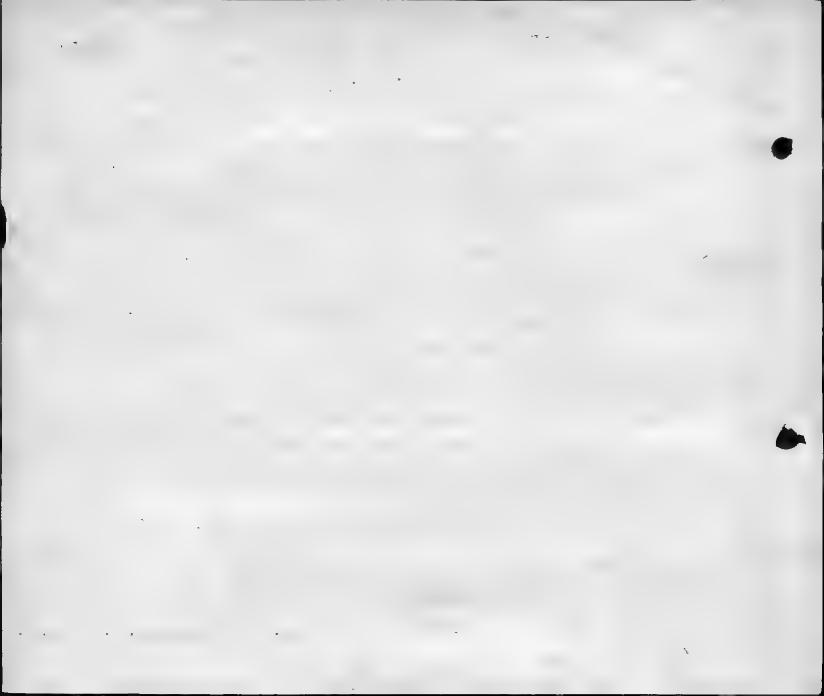


TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, If Institution Residence balone admission) | PLACE OF DEATH a. COUNTY MARYLAND olumbia b CITY OR TOWN (if outs de corporete lum ts. c. CITY OR TOWN (If outs de carporate l.m.ls, write RURAL and give neer si town) e LENGTH OF STAY IN 16 wate RURAL and give neerest town dire d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospital, gaye street eddress) d. STREET ADDRESS. ON A FARM? 0 YES NO 4 DATE 3. NAME OF Month DECEASED DEATH (Type or print) With 6. COLOR OR RACE . 7. MARRIED THEYER MARRED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX è ast b ribdey) age 5 may 1 and 2 wi 72 hours Months Days Hours and DIVORCED [WIDOWED [10e. USUAL OCCUPATION (Give kind of work 1 106, KIND OF BUSINESS OR INDUSTRY 11 B &THPLACE (Siete or foreign country) 12 CITIZEN OF WHAT COUNTRY? 958 done during most of working life, even if retired, pages 13 FATHER'S STAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.! 17. INFORMANT (Yes, no, or, unkown) , (If yes give wer or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 2 welch IMMEDIATE CAUSE (a) (12 xx and DUE TO burial Conditions, if eny, which geve rise to immediate cause d "pending" Examiner's DUE TO (e), steting the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLEING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.6 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO M 20b. DESCRIBE HOW IN.URY OCCURED. (Enter negate of Injury in Part I or Part II of Item 18.) 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING writing Chief / Page 3 s | 20d. INJURY OCCURRED | 28e, PLACE OF INJURY (Home, ferm,) 20c. TIME OF INJURY Month, Day, Year 2Df, (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour a.m. et work f et work 19 p.m. 21 I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry X and in my opinion 2 ō forwarded to Natural causes Accident Suicide Homicide | Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASS STANT MEDICAL EXAMINER Mease execute the should be for the FUNERAL In the first designation SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, fown, or county). 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) <u>2</u>40 ₽ Long Island National Cemi Karmingdale, Long Island, 24e. REC'D BY REG STRAR | 24b. REGISTRAR'S SIGNATURE Removal VS. A15ME AUG 11 '60 arthur S. Krous 5M 7/59

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LAND STATE DEPARTMENT OF HEALTH



09253CERTIFICATE OF DEATH 9339 director 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) PLACE OF DEATH a. COUNTY a. STATE 6 COUNTY MARYLAND c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn unerol b. CITY OR TOWN (If autside corporate mits, write c LENGTH OF STAY IN 16 Pe RURAL and give_nearest towns 묠 d STREET ADDRESS a IS RESIDENCE d NAME OF HOSPITAL (if not in haspital, give street address) ON A FARM? OR INSTITUTION YES NO I 4 DATE OF DEATH NAME (SI Middle Month filled DECEASED 2 (19 oges death. (Type or print) IF UNDER 1 YEAR IF JINDER 24 HRS 9 AGE for years B. DATE OF BIRTH 5 SEX 16 COLOR GR RACE 7. MARRIED MEVER MARRIED campletely last birthday) Manths Days Haurs DIVORCED WIDOWED S. C. popers. 19a USUAL OCCUPATION (Give k pd of work dane 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? puo 02-1212W 14. MOTHER'S MAIDEN NAME 3. FATHER'S NAME physicion 9 within remove magn 17 INFORMANT Address. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. ottending INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c)] ONSET AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Candit ans if any which perm gave rise to immediate DUE TO cause (a), stating the underlying cause last. buriol-tronsit peen PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO hos 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20g ACCIDENT WAS UNDERLYING [certificate OR CONTRIBUTING | CAUSE OF DEATH i pe IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Hame farm , 20f. (City or tawn) (State) .County) 20c TIME OF INJURY 20d. INJURY OCCURRED Manth. Day, Year factory, street, affice bldg., etc.) Hour o. m. While Nat while After this at wark at work p. m. by the hospitol prior detached far 18 21 I certify that (1) (this haspital) attended, the deceased from 2.7/760 19_6@ that (1) (we) last ta. 1960 and that death accurred at M. from the causes and on the date stated above saw the deceased alive an FUNERAL DIRECTOR: 22b DATE 22a S GOVATURE SIGNED ATTENDING PHYS MED DIRECTOR PHY5 M.D 22c. PHYSICIAN'S 22d. ADDRES NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23b. DATE THEREOF 23d LOCATION (City, tawh, ar caunty) (State) page the St REMOVAL (Specify) Philadelphia Laurel Hill Cemetery Penna Ruria O 25b, REGISTRAR'S SIGNATURE 24. FUNERAT DESCRIPTION S SIGNATUR ADDRES5 25a. REC'D BY REGISTRAR VR A15 (4) DATAUG 2 2 '60 Funeral Home 3901 No. Fairfax Dr. arthur & Krons 1SM 9/59 Arlington 3, Virginia



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

00954

	9340	CERTIFICA	TE OF DEATH	(1	0604			
	1. PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)					
	Montgomery	MARYLAND	District of Col	umbia COUNTY	V			
	b CITY OR TOWN (If outside corporate firmits,	write c LENGTH OF STAY IN 16	c. CITY OR TOWN (if outside a	orparate limits, write RURAL and g	ive nearest town)			
	Bethesda (Rural)	30 days	Washington	107V				
	d NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	e street address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?			
	U.S. Naval Hospital		المالية Harrison S	t. N.W.	YES NO 🔀			
	3 NAME OF First DECEASED	Aiddle	Lost 4. DA	TE Month	Day Year			
	(Type or print) John	Thomas CF		ATH August	19 19 60			
	S SEX 6 COLOR OR RACE 7	MARRIED 🖪 NEVER MARRIED 🔲	8 DATE OF BIRTH		TYEAR IF UNDER 24 HRS Doys Hours Min			
	Male Caucasian	VIDOWED DIVORCED	5-28-93	67 yrs	Doys Hours Min			
	10a JSJA. OCCUPATION (Give kind of work do during most of working life, even if retired)	ne 106 KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or fore)		ZEN OF WHAT COUNTRY?			
-	Auditor	Auditor	West Virginia	U.	S.A.			
	3 FATHER'S NAME		14 MOTHER'S MAIDEN NAME					
	Louis CHEDESTER		Adina SNYDER					
	15 WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) [If yes, give wor or dates of servi		IFORMANT	Address				
	Yes WWL	ER Same as	s #2					
	18 CAUSE OF DEATH [Enter only one cause	e per line for (o), (b) and (c)]			INTERVAL BETWEEN			
	PART I, DEATH WAS CAUSED BY: MAMEDIATE CAUSE (o)_	Cerebrono Call	ar aggiden		ONSET AND DEATH			
	DLE TO	6-			il. c			
	Conditions, if ony, which) (b)	Whatespelerotec	Cardesvasculor	deserve.	YEARS.			
	gave rise to immediate Couse (o), stating the under-							
	lying couse lost. (c)							
	2 Pager II OTHER SIGNIFICANT COND	TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN PART	1(o) 19 WAS AUTOPSY PERFORMED?			
,	13 Kinal Insussigis	Exampleonidates 7	o churce py	in mostratos.	YES 🔲 NO 🌃			
£.	OF II OTHER SIGNIFICANT COND CENAL MACLES OF CONTRIBUTION OF	Ob. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or	Port IZ of item 18.)				
	7 20c. TIME OF INJURY Month, Day, Year Hour o m		ACE OF INJURY (Home, farm, 20f, ctory, street, office bldg., etc.)	(City or town) (C	ounty) (Stote)			
	¥ P € 19	While Not while of work of work	t					
	21 Certify that (I) (this haspital)	attended the deceased from	7-20 19 60.	to 8-19 19 (50 that (I) (we) last			
	saw the deceased alive an B-1		leath occurred a7:25AMfr					
	220/ GNATURE	1 /. I - I the	IUN		226 DATE SIGNED			
	Idenoel Melly	to all	M.D PHYS. MED. DIRECTOR	PHYS 1 8=1	L9-60			
	22c PHYSICIAN'S NAME (Type)		22d ADDRESS					
		T.T.MC.USN	U.S. Naval Ho	spital, Rethesda	Maryland			
	230 BUR AL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY O		OCATION (City town, or county)	(Stote)			
	Burial 8-22-60	Mt. Hebron	Pe	etersburg, W. Va	•			
	24 FUNERAL DIRECTOR S SIGNATURE	ADDRESS	25a REC'D BY RE		4 .			
	CHEVY CHASE FUNERAL		n Ave N. WATE AUG 2	2 '60 arthur &	Track			
		Washingt						

the attending phys can and campletely filled in by the funeral director. Then please remove carbon papers. Pages 1 and 2 shauld be filled with TO HOSPITAL OR ATTENDING PHYSICIAN: To aw requires that the death certificate be executed within 24 has may be retained by the hospital ar attending filian.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filied in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Hallh prior to burial, cremation, ar remayal, and in any event, within 72 haurs ofter death. VR A1S (4) 1SA4 9759

ofter death. Page 4



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
1 CERTIFICATE OF DEATH

9341

09255

	_		
	1. /	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a STATE
	G	Flontacine Ry MARYLAND	MARYLAND 6. COUNTY MANTGOMERY
	t	b C TY OR TOWN (f outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest fawn)	c CITY OR TOWN (14 autside carporate limits, write RURAL and give rearest tawn)
		BethesDA MD. ShRS.	12 Bockville
	C	d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d STREET ADDRESS e. IS RESIDENCE ON A FARM?
		Suburban Hesp.	11221C HUNTER'S CCCRT YES NOD
	E	NAME OF First Middle	OF DEATH ALCOST 27 10 6-6
		(Type or print) (-ECRGE HNDREW	1,000031
	5. 5		8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Magaths Days Hours Min
		WIDOWED DIVORCED	Vene 26, 9 48% 21
	10a	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR IND during most of working life, even if retired)	DUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	6	Sps Station Open, SELF-EIYI	oleve MASh. D. (12,5.
H	13	FATHER'S NAME DR BALL!	MA. MOTHER'S MAIDEN NAME
3	-0	CHARRY) (LARK	KATIE NOTHENDUCHER
Z	1S.	WAS DECEASED EVERAN-U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	INFORMANT Address
		Yes With TT Yes-Unknown,	HELEN CHARK-12210 HOGIERS
4		IB CAUSE OF DEATH [Enter on y one couse per tyte for (o), (b), and (c).]	INTERVAL BETWEEN ONSET, AND DEATH
2		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) COLONIA 145	CULAR / 1CCIDENT Yhran
H		HHI DUE TO NO	
-		Conditions, it any, which) (b) //ALIGNAN	HHASE OF HYPERIENSIVE, A.
7		gave rise to immediate DUE TO	VASCULATIONS
		lying couse lost. (c)	
	NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
	CAT	Hypertensive heart show in the	whable renal unsufficiently YES NOW
	CERTIFICATION	200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	RED. (Enter nature of injury in Part I ar Part If of item 18.)
	WEDICAL	Hour o m. While Not while	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
	ME	p. m. 19 of work at wark	
		21 I certify that (1) (this haspital) attended the deceased from	
		saw the deceased alive an 27 aug 1900, and that	death accurred at
		220 SIGNATURE	27b DATE
		la hijublu	M.D PHYS. DIRECTOR PHYS. B 8/27/60
		NAME (Type) DA DE MEETE TAL	27d. ADDRESS F 14/0-11
		IRA N. TUBLIN	20 5 1/1/2 1/44 200
		BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY	
	-		Cemetery Rockville, Maryland
	24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S S GNATURE
		Robert A. Pumphrey Retherds.	Maryland DATE AUG 3 0'60 Chilms S. Krons

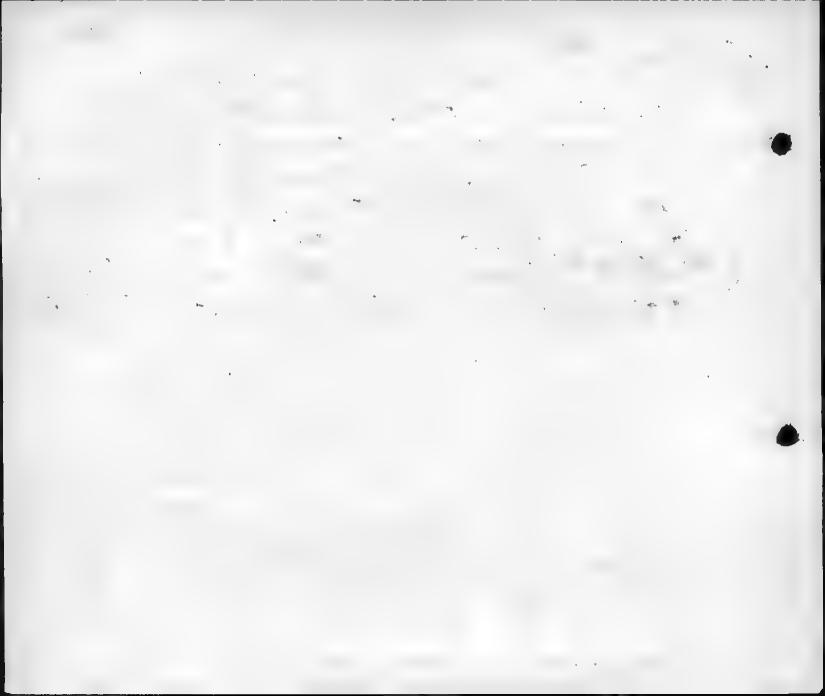
the funeral director, 2 should be may be retained by the haspital ar attending sizion.

TO FUNERAL DIRECTOR: After this cert frate has been signed by the attending physician and completely filled in Spage 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the S≡te Board of Health prior to ⊞urial, cremotian, ≡ remaval, and in o≡y enent, within 72 pages ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN:

VR A15 (4) 15M 9/59

aw requires that the death certificate be executed within 24 hay

after death. Page 4

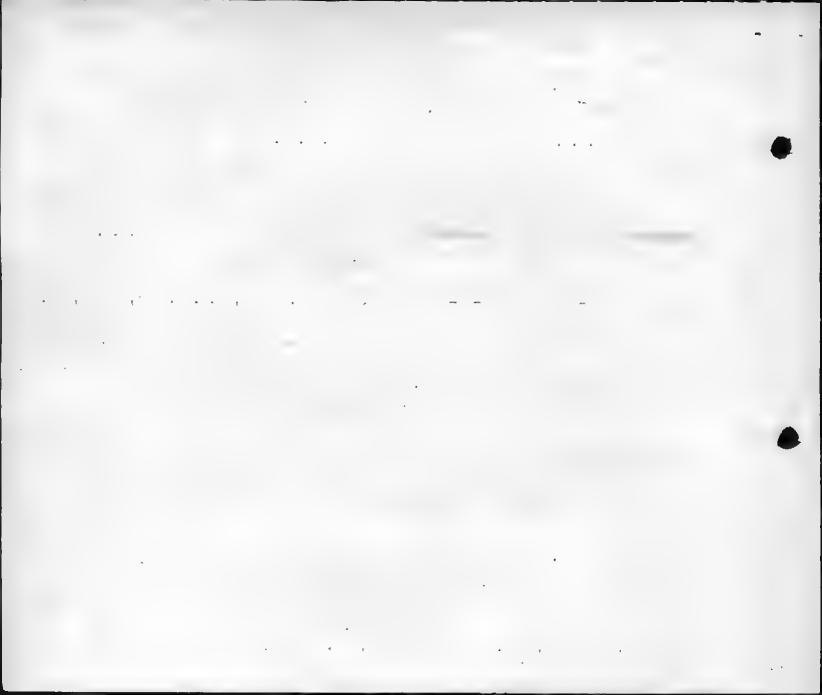


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

09256

	9342	CERTIFICA	ATE OF DEATH		00400
O COLNTY M	ONT COMERY	MARYLAND	2 USUAL RESIDENCE (WHO STATE MARYLA!	ere deceased lived lift institution b. COUNTY	MONTGOMERY
6 CITY OR TOWN	(If outside corporate limits, write peorest town) YDS	15 yrs.	C. CITY OR TOWN (IF O	utsida corporate limits, write Ru	JRAL and give nearest town)
d NAME OF HOS OR INSTITUTION	PITAL (If not in hospital, give street R.F.D. # 1	et address)	R. F. D.	# 1	S RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print)	VICTOR	VERSALE	COLES	4. DATE Mont	
MALE	ישורי ד נודנו	RRIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH 3/20/03	9 AGE (In years lost birthdoy) 57 yrs.	Months Days Hours Min
GARDENER -	TON (G ve kind of work done 10	KIND OF BUSINESS OR INDICATED	MICHIGAN	or foreign country)	U.S.A.
13. FATHER'S NAME FOREST CO	LES		Unknown NICH	bis	
YES	VER IN U. S. ARMED FORCES? 1		INFORMANT rs. Melva B. C	oles, R.F. D.	* 1, Boyds, Md.
Conditions, figore cise to cause (a), stating typing cause loss	ony which immediate gethe under the columns (b)	rongry vtevicsci Disease, Atherosc	levotic;	lef ed v p	INTERVAL BETWEEN ONSET AND DEATH MINUTES 3 m un th
N N N N N N N N N N N N N N N N N N N		S CONTRIBUTING TO DEATH BU			EN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO 1
OR CONTRIBUTION (IF EITHER, NOTI 20c. TIME OF N. Hour o. n p. n	NG CAUSE OF DEATH FY MEDICAL EXAMINER) URY Month, Doy, Year 20d 1. Whi	. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, farm factory, street, affice bldg., etc	, 20f. (City or town)	(County) (State)
21 I certify t	hot (1) (this hospital) atterased alive on Aug	2 Y 1960 , and that	M D ATTENDING MI PHYS DI	M, fram the causes and	d an the dote stated obove. Aug. 26 6
23a BUR AL, CREMAT REMOVAL (Speci BUR IAL	7 ON, 236 DATE THEREOF 8/3 0/60	23c NAME OF CEMETERY ARLINGTON N	OR CREMATORY AT'L. CEMETERY	23d LOCATION (C by lown, of ARLINGTON,	
24 MARINE RIRECTO	Printer Inc.	STEVER SPRI		0 4 100	STRAR'S SIGNATURE

after death. Page 4 the funera ompletely filled ages 1 pw requires that the Imath certificate be executed within 24 papers F TO HOSPITAL OR ATTENDING PHYSICIAN: Tow requires that the most be exempted by the hospital ar attending physician and TO EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and page 3 should be detached for use as the burial-transit permit. Then please remove carbanithe State Board of Health priar ta burial, crematian, ar remayal, and in any event, within 72 his VR A15 (4) 15M 9/59

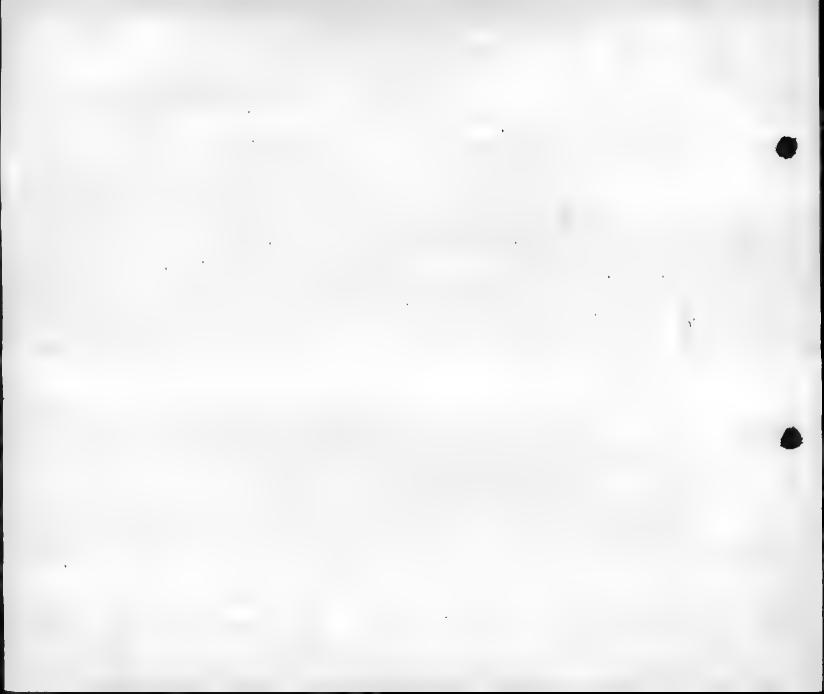


VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 92().) STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09257

9		COUNTY MARYL	ND 2. USUAL RESIDENCE (Where deceased lived it institution: Kes dence before admission) b COUNTY MORNT A MEN WAY	
	Ь.	CITY OR TOWN (If Justide corporate limits, write c LENGTH OF STAY!		
	7	A Kuma Pack 12 days	TAKOMA PARK	
	d	NAME OF HOSP TAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS a IS RES DEI ON A FAI	NCE
	1	ASMINATON SAN + HUSDITAL	7209 Cedar Ave YES NO	
	3 NA	LME OF First Middle	Last 4 DATE Month Day Year	
		CEASED pe or print) OSMONA JAMES	(CON)()(A) OF DEATH 8 - 7 - 19/	20
	S SEX	6 COLOR OR RACE 7 MARRIED NEVER MARRIE	8. DATE OF BIRTH 9. AGE (n years if JUNDER 1 YEAR F UNDER 2 lost birthday) Months Days House	
	/	MALE WIDOWED DIVORCED	11-27-93 66 m	
	110a U	USUAL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OF oring most of working life, even if settred)	10	NTRY?
		Tived-Sery-Vation His intectual Me	1/185W. ILLINOIS U.S.H.	
	13 FA	THER'S NAME	14. MOTHER'S MAIDEN NAME	
		COMUNO 1, CONCON	Udora Schofield	
	15 W	AS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO	17 INFORMANT Address	
	W	W. I 217-34~/626	Mw. Pleve M. Condon (Lam as #2)	
Ì	18	A. CAUSE OF DEATH [Enter only one couse per line for (o,, (b), and (c)]	NTERVAL BETWEE	
		PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (0)	- Encephaline 19d	Long
		OUE TO		1
		Conditions, if any, which		
		gove rise to immediate DUE TO		
İ		lying couse lost. (c)		
	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUT	
	lğL		YES 💯 N	<u>о П</u>
	ib∈ C	00 ACC DENT WAS UNDERLYING □ 100 DESCRIBE HOW INJURY OF 101 PRONTRIBUTING □ CAUSE OF DEATH 101 FEITHER, NOTIFY MEDICAL EXAMINER)	URRED (Enter nature of injury in Part I at Port II of Item 18.)	
				(Stote)
	MEDI	Hour o.m. While Not while p. m 19 of work at work	foctory, street, office bldg., etc.)	
	-	1. I certify that (I) (this haspital) attended the deceased	am 7/20/ 1959, ta aug 7, 1960 that (1) (we	last
	1 1		not death accurred at Z.A.M. from the causes and an the date stated at	
		20 SIGNATURE	. 225 0	ATE
		()1111111Cc	M.D PHYS D DIRECTOR D PHYS D	GNED
	2	2c PHYS C AN'S	22d ADDRESS (0 9// 50/ 1)	
		NAME (Type) A. B. LITTLE	10 Reachington LC	
ĺ	23a. E		ERY OR CREMATORY 23dy LOCATION 15thy, town or county 15tote	
į	0	Enation aug. 10, 1960 Etyl Line	les Cremalory Trine George County, MA	
	24 FL	INERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 25H REG STRAR'S SIGNATURE	
		A. athur Colters, 254 Carro	St. NW, DATAUG 9 '60 archur S. Flows	



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

0949

09258

3040	921210141		_	
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where o	deceased lived. If institution b. COUNTY.	n: Residence before admission)
MONTGOMERY	MARYLAND	MARYLAND	b. COOMIT	ONTGOMERY
b CITY OR TOWN (If outside corporate limi RURAL and give nearest town)	ts, write c LENGTH OF STAY IN 1b	CITY OR TOWN (If outside		
OLNEY	50 DAYS	ROCKVERLE	:	
d. NAME OF HOSPITAL (If not in hospital, g	ive street oddress)	d STREET ADDRESS		e. 15 RESIDENCE ON A FARM?
MONTGOMERY GENERA	L HOSPITAL	CHATMAN A	VENUE	YES NO [
NAME OF Fir	st Middle	Lost 4.	DATE Mont	h Day Year
(Type or print) MARY	7 ma		OF DEATH AUGU	JST 5 19 66
SEX 6 COLOR OR RACE	7 MARRIED NEVER MARRIED	8 DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HR
FEMALE COLORED	WIDOWEDM DIVORCED	1/9/87	lost birthdoy) 73 yrs	Months Days Hours Min
USUAL OCCUPATION (Give kind of work of	done 10b. KIND OF BUSINESS OR INDU			12 C TIZEN OF WHAT COUNTRY
during most of working life, even if retired	}	MARYLAND		U. S. A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME		U U U N
WILLIAM ADAMS		GEORGIANNA MCC	GRUDER	
. WAS DECEASED EVER IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY NO. 17 I	NFORMANT	Addr	255
Yes, no, or unknown)	ervice)	OSDATAL DECOMOS	Or NE	Wangs and
18 CAUSE OF DEATH Enter only one co		OSPITAL RECORDS,	OLNE	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY	oute per time for (b), (b), and (c)]			ONSET AND DEATH
IMMEDIATE CAUSE (o		Jan.	- 0	740
DUE TO	Mr. Jane O	Parlant.	40	2
Conditions, if any, which) (b) COUNTY OF	1 whent	Kendul	~ ~~
couse (a), stoting the under-				
lying couse lost.				
PART I: OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVE	EN IN PART 1(o) 19 WAS AUTOPS1 PERFORMED?
				YES NO
20d ACCIDENT WAS UNDERLYING OF DEATH OR CONTRIBUTING COAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b DESCRIBE HOW INJURY OCCURRE	ED (Enter nature of injury in Port	For Port 1 of item 18.)	•
20c TIME OF INJURY Month Day, Yes		ACE OF INJURY (Home, form, 2) clory, street, office bldg., etc.)	Of. (City or town)	(County) (State
Hour o m	While Not while of work of work			/ .
21 I certify that (I) (this hosping)	attended the deceased from.	2130 ,60	. to	
saw the deceased give an	10 .60			d on the date stated above
22b SIGNATURE	- 7 Ond Hor	dediti occorred di 141,	HOW THE COUSES ON	22b DATE
	- fred	M D PHYS. D DIRECT	OR C STAFF	SIGNE
22c. PHYSICIAN'S	X . / .	22d. ADDRESS	<u> </u>	
NAME (Type)				
30. BURIAL, CREMATION, 236. DATE THEREC	DF 238 NAME OF CEMETERY C	20 CREMATORY 22-1	LOCATION (City James o	Carrel (Carrel
REMOVAL Specify) Burial 8/8/60	Lincoln Park		. LOCATION (City, town, o Rockville, M	
				TRAR'S SIGNATURE
FUNBRAL D RECTOR'S SIGNATURE	ADDRESS ADDRESS	250 REC'D BY		Almy S. Kraus
	- 1 11 - 11 - 11 - 11 - 1 A.	ALTER AND		

the attending physician and completely filled in cyline funeral director. Then please remove corbon papers. Pages 1 and 2 should be filled with TO HOSPITAL OR ATTENDING PHYSICIAN:

may be retained by the hospital or ottendin

TO FUNERAL DIRECTOR: After this certif cate has been a good by the attending physician and completely filled in page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health prior to buriol, cremation, ar remayal, and in any event, within 72 haurs after death w requires that the death certificate be executed within 24 ha

pitter death. Page 4

VR A1S (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

CEDTIEICATE OF DEATH

09259

0011

	J t) 4 4		CEKINIC	A15	OI PLAI	* *				.,
1	PLACE OF DEATH					USUAL RESIDENCE	(Where deceased		n Residence b	efore adm	ussion)
. '	Montgomer	v		MARYLAN	ID	o STATE Marvland	d	6 COUNTY	Mills	,	
	b. CITY OR TOWN (F	outside corporate limi	ts, write	c LENGTH OF STAY IN 1	Ь	c. CITY OR TOWN				nearest to	wn)
	Bethesda	(Rural)		3 hrs	ŀ	Great M	ills				
	NAME OF HOSPITA	At (If nat in hospital, g	ive street	oddress)		d STREET ADDRESS	,		400	e IS R	ESIDENCE
	U. S. Nava	al Hospita	l.			Green V	iew Knol	Lls /	_ X		I A FARM? ☐ NO X
3.	NAME OF DECEASED	Fire		Middle		Losi	4. DATE OF	Mont		Day	Year
	(Type or print)	Susar		Lynn		Crafton	DEATH	Augu	st 3	30	19 60
5 :	SEX	6 COLOR OR RACE	7 MARR	IED NEVER MARRIED	→ 1	ATE OF BIRTH		9. AGE (In years	IF UNDER 1 YE	1.0	-
	Female	Caucasian	WIDOWE	D DIVORCED]] 1	-13-60		last birthdoy) + yrs.	Marths Par	Hour	rs Min.
10a	USUAL OCCUPATION	N (Give kind of work of ing life, even if retired)	done 10b.	KIND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (S)	ole or foreign co	ountry]	12.CITIZEN	OF WHA	TCOUNTRY
\						Virg:	inia		U.S	3.A.	
3.	FATHER'S NAME				14	MOTHER'S MAIDE	N NAME				
	Robert Wil	Ley CRAFTO	V			Shirley	TUGGLE				
	WAS DECEASED EVER	IN U.S. ARMED FOR		SOCIAL SECURITY NO.	7. INFOR	MANT		718 ^{td}	i'chwell	Dr.	
1.0	NO	I fer Branch or Order to a	ar vicej		Rob	ert W. CR	AFTON		natonic		
=	18 CAUSE OF DEAT	TH Enter only one ca	use per in	ne for (a), (b), and (c)]					1	NTERVAL	BETWEEN
	PART I DEAT	H WAS CAUSED BY:	. HY	DROCEPHALES					C	NSET AN	ND DEATH
	344	MMEDIATE CAUSE (0									
		* *									
	Conditions, if on gove rise to in	nmediote	-	-							
	couse (o), stoting t	he under- DUE TO									
-	lying couse lost.) (c	}		_				<u>L</u>		
CERTIFICATION	PART II OTH	ER SIGNIFICANT CON	D T ONS C	ONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TE	RMINAL DISEAS	E CONDIT ON GIVE	EN N PART 1(o	PERI YES	FORMEDZ,
TIFF	200. ACCIDENT WAS		20b DESC	CRIBE HOW INJURY OCCU	IRRED. (E	nter noture of injury	in Port I or Part	Il of item 18.)			
GER		CAUSE OF DEATH									
Š	20c. TIME OF INJURY	Month, Day, Yes	or 20d, It	NJURY OCCURRED 20e	PLACE	OF INJURY (Home, f	form, 20f (City	ar lawn)	(Cour	ly)	(State
MEDICAL	Haur a.m.	19	While	Not while	foctory,	street, office bldg.,	efc.)				
2	p. m.		at worl	k 🔝 of work 🔝		8 30	60	8 30	60		
	21 I certify that	0		led the deceased fro	1141	8-30	12 60 to	8-30	19_00	that (I)) (we) las
	saw the decease	ed alive onO	-30	19 00, and the	at deat	h accurred at	* / W, From	the causes an	d an the do	ite state	ed abave
	220 S GNATURE	HHLAT 3	A a	uee N.	A4 D	ATTENDING PHYS	MED DIRECTOR	STAFF X	8-30		226 DATE SIGNEI
	22c PHYSICIAN'S NAME (Type)			, IT, MC, USI		22d ADDRESS		lospital,	Bethes	da.	Md.
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Moner o A.	TOTOIL	, LL, PD, OO	AT .	0. 0.	**************************************				
23	BURIAL CREMAT OF			23c NAME OF CEMETER	Y OF CR	EMATORY	23d LOCAT	TION (City town o	r county)	(5	tate)
	EMOVAL (Specify)	8-31-6	00	Chapel Hil	l Mer	norial	San	Antonio		Texa	S

Beth., Md.

Wisc. Ave.

25a. REC D BY REGISTRAR

DATE SEP 2

'60

25b REG STRAR'S SIGNATURE

arthur & Krous

ADDRESS

Pumphrey Funeral Home, 7557

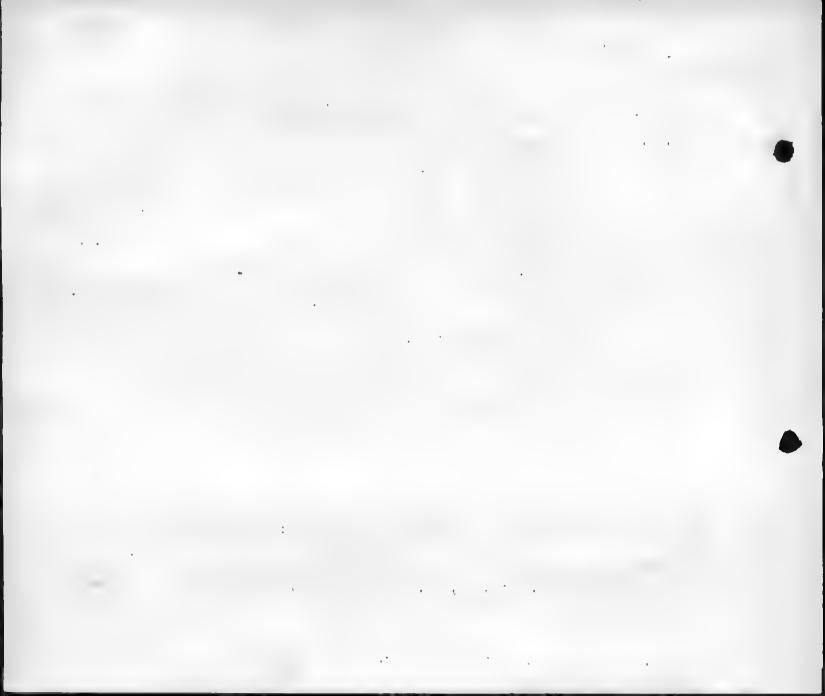
may be retained by the haspital ar attendit.— Tysician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then pléase remaye carban papers. Page 1 the State Baard of Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after death. law requires that the death certificate be executed within 24 TO HOSPITAL OR ATTENDING PHYSICIAN √R A15 (4) 1SM 9/S9

after death. Page 4 the funeral director, should be filed with

26-FUNERAL D. RECTOR'S SHOWNING

10



MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STA MEDICAL EXAMINER'S CERTIFICATE OF DEATH 26 (Idmission) 1. PLACE OF DEATH USUAL RESIDENCE (Where datessed lived, if Institution, Ses Montg . COUNTY Montgomery Page Maryland is necessary, e. STATE b. COUNTY MARYLAND director. b. CITY OR TOWN (if outs de corporete I m ts, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta tim ts, write RURAL and give nearest fown) ים אסהי Takoma Park Takoma Park d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospital, give streat address) for d. STREET ADDRESS a. IS RESIDENCE 7502 Flower Ave. ON A FARMS 7502 Flower Avw. be retained State YES NO death. and 3 to the f NAME OF M ddls 4. DATE Day Month Year DECEASED 2 with the S William Aug. 1. 1960 (Type or print) DEATH 19 6 COLOR OR RACE 7, MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 5 SEX 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 69st birthday) tould be executed within 24 hours after deal in pencil in term 18. Give Pages 1, 2, and 3 Office along with form PM3, Page 5 may burial-transit permit. File peages 1 and 2 withous, and in any event within 72 hours. Months Days Hours I Min. white malle WIDOWED T DIVORCED 1De. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR NOUSTRY | 11. BIRTHPLACE (Stella or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working the even if reliad) U.S. Gov. D.C. USA it. File poses, event within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dr. Andrew Curtis Mary Clapp rificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17 INFORMANT Address (Yas, no, or unkown) | (If yesgiva werordetesofservice 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).] Coronary Occlusion PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if eny, which (b) Examiner's C used as a b geve rise to immediate cause DUE TO ease execute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner? FUNERAL DIRECTOR: Page 3 should be used as (e), stating the underlying cause last. cremation, PART II. OTHER SIGN HEART CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1,8- 19, WAS AUTOPSY CERTIFICAMON PERFORMED? NO 2Da EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Itam 18.) ute the cerning of the Chief Mean AL DIRECTOR. Page 3 should be burial, of PRIMARY [] or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. 2Dd, INJURY OCCURRED | 20s. PLACE OF INJURY (Home, ferm, 2DI, (City or town) 20c, TIME OF INJURY Month, Day, Year (County) (State) Not While fectory, street, office bldg., etc.) Hour a.m. While et work et work Inquiry K and in my opinion Natural causes w Suicide death resulted from: Accident Homicide | Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MED.CAL EXAMINER DATE SIGNED SIGNATURE 8/1/60 DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Broschart Frank J NAME (Typa) datess (breel, city, lown, or county) **6329** WRIAL CREMATION! 22d. LOGATION (Gry, town, or country) 240 g O Ř C'D BY REGISTRAR VS. A15ME SM 7/59



9345

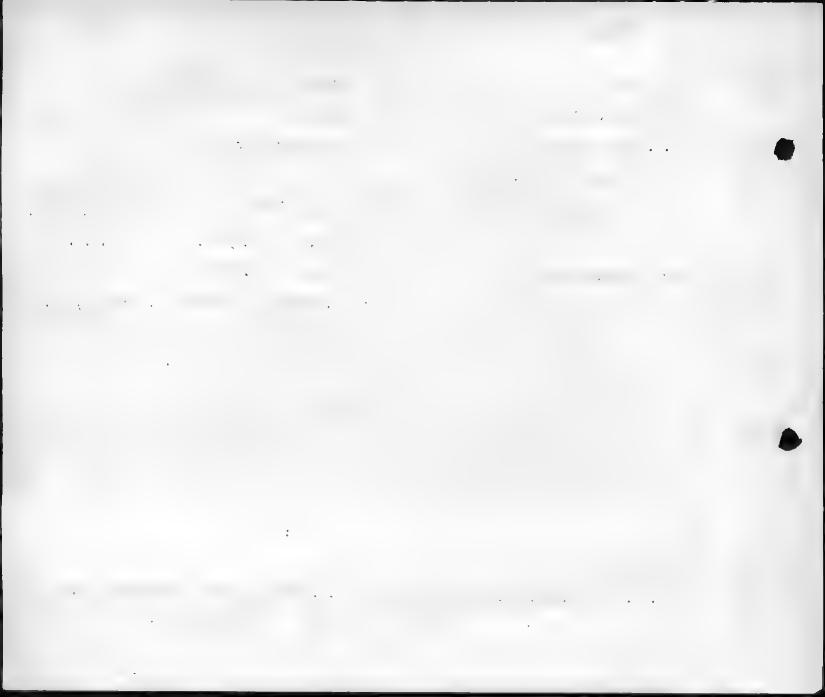
XV

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

09261

CERTIFI	CAIL OF DEATH
1 PLACE OF DEATH 0 COUNTY	2 USUAL RESIDENCE (Where deceased lived if institution Residence before admiss an) o STATE b COUNTY
Montgomery	Maryland 1/22. 2. 2.
b CITY OR TOWN (if outside corporate limits, write c LENGTH OF STAY IN RURAL and give nearest town)	N 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Bethesda (Rural) 1 day	Ardmore
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS e IS RESIDENCE ON A FARM?
U.S. Naval Hospital	9020 Hobart Street
3 NAME OF First Middle DECEASED	Last 4 DATE Manth Day Year OF
(Type or print) TwinB Edward	DAVIS DEATH August 8 1960
5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	- IOSI DIFTROGYI Manthe David Manthe
Male Caucasian WIDOWED DIVORCED	
18a USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired)	INDUSTRY 11 BIRTHPLACE (State or fare gn country) 12 CITIZEN OF WHAT COUNTRY
Newborn	USNH, Bethesda, Md. U.S.A.
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Harry Charles DAVIS	Esther Rita CLEMENTS
IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	17 INFORMANT Address
No None	Harry C. Davis, 9020 Hobart St., Ardmore, Md.
18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), grid (c)]	INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6)	211 lubrane Resail
172 5 DUE TO	
Conditions, if ony, which) (b) Fremats	writes Up. Phu
gave rise to immediate couse (a), storing the under-	
lying couse lost, (c)	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS PERFORMED?
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	YES NO
" 20% ACCIDENT WAS HAIDERIVING TO 20% DESCRIBE HOW MAILIPY OC	CURRED (Enter nature of injury in Part t or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH	
\$ 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 2	20e PLACE OF INJURY (Home form, 20f (City or town) (County) (Stot
20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 2 Haur a. m. p. m. 19 While Nat while of work 1	foctory, street, office bldg., etc.)
21 1 certify that (I) (this hospital) attended the deceased f	rom8-8, 1960 , to_8-8, 1960 , that (I) (we) la
	that death occurred 10: 458M from the causes and an the date stated above
200 SICMATURE	72b DATE
Stare Walter:	M D PHYS D DIRECTOR PHYS X 8-9-60
226 PHYSICIAN'S NAME (Type)	22d ADDRESS
H. L. WALTON, LT. MC. USN	U.S. Naval Hospital, Bethesda, Md.
23d BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMET	TERY OR CREMATORY 23d LOCATION (City town, or county) (State)
REMOVAL (Specify)	con National Arlington, Va.
24 FUNTIAL DIRECTOR'S'SIGNATURE ADDRESS 147	39 Balt. Aves REC'D BY REGISTRAR 256 REG STRAR'S SIGNATURE
The state of the s	wille. Mi. parraug 15'60 asim & Think

TO HOSPITAL OR ATTENDING PHYSICIAN: Now requires that the deoth certificate be executed within 24 hour after death. Page 4 may be retained by the hospital ar attending physician and campletely filled in ay the fundal process. After this certificate has been signed by the attending physician and campletely filled in ay the fundal interctor, page 3 shauld be detached far use as the buriol trans? — mit. Then please remaine ambain popers. Pages 1 and 2 should be the state Board of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. VR A15 (4) 15M 9/59



9247

CERTIFICATE OF DEATH

09262

L	UNTI	CEKTIFICA	AIE OF D	EAIN			Reg. Dis	st. No.	
	Montgomery	MARYLAND	- CTATE	ence (who		lived If instituti b COUNTY		ce before o	
	b CITY OR TOWN (If outside corporate limits, write crurand give nearest Swn) Silver Spring	LP Years	11 N. A.	ilve:		ote limits, write R pr i ng	WRAL and (give nearest	tawn)
	d NAME OF HOSPITAL (If not in hospita, give street addition in hospita, give street addition of the property o	ress)	d STREET AD		hayer	Ave	•	(S RESIDENCE ON A FARM? ES NO 7
677	NAME OF DECEASED (Type or print) John	Middle Henry	Davis	·	4. DATE OF DEATH	Augu		Day	Year 160
	Male White Widowed	MEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH Dec. 29			9 AGE (th years right birthday) 78 yrs	IF UNDER		UNDER 24 HRS auts Min
1	0a USUAL OCCUPATION (Give kind of wark dane 10b KIN during most of working life, even if retired) Corporter Gene	o of Business or Indu Constructi		CE (State o	ir foreign co	uniry)	12. CITI		HATCOUNTRY
1	3. FATHER'S NAME Joseph Davis		14. MOTHER'S A		ME I	avis			
1	(Yes the as unknown) . (N) we say was as dates of service)	-01-8049	Emma V.	Dav	is	Same .	_		
	PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)	TR BUTING TO DEATH BUT A REPORT OF THE PROPERTY OF THE PROPER	doore	.V	34	ed 2 1	VEN IN PAR	P	NAS AUTOPSY ERFORMED?
	<u> </u>	Nat while fo	ACE OF INJURY IH clary, street, affice	bldg., etc.)	20f (City	· , ,		Caunty)	(State)
	actual signature A. Clara Physician's NAME (Type) Dr. John N. A	and that death dreat ndrews	Ж.D		DDRESS (Sta	the causes ar reet, city or fown, Le Rd。	state) / A	:	oted obove DATE SIGNED 子 仏化
100	220. BUR AL, CREMATION, 226 DATE THEREOF REMOVAL (Specify 8-5-60	Forest Oak	DR CREMATORY		ze locat Gai	ion ich town. thereb	or county)	Md.	(State)
2	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	,	240, REC'D DATE AL	BY REGISTI	00	STRAR'S SIG		

Lafter death Page 4 sly filled in by the funeral director, Pages 1 and 2 should be filed with

TO HOSPITAL OR ATTENDING PHYSICIAN: Jaw requires that the death certificate be executed within 24 thmay be retained by the hospital or attending prysician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remave certifor pages 1 and the registrar prior to burial, cremation, ar remaval, and in any event within 72 hour offer death

VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

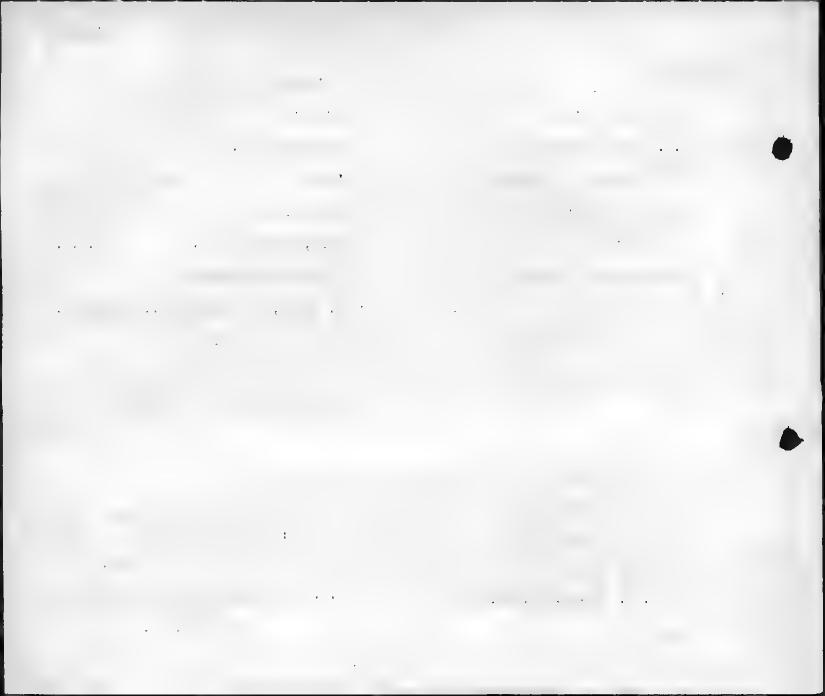
09263

	PLACE OF DEATH O. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (W) o STATE Maryland	iere deceased	lived If institute b. COUNTY	Residen	ce before adm	niss on)
	b CIY OR TOWN (if outside carporate him is, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	Bethesda (Rural)	1 day	Ardmore		7 4	. 4 L	-	
	d NAME OF HOSPITAL (If not in hospito, give street of	oddress)	d STREET ADDRESS				e S	RESIDENCE
	OR INSTITUTION		0000					A FARM?
1	U.S. Naval Hospital		9020 Hobar				1 123	□ NO T
	3. NAME OF First DECEASED	Middle	Last	4 DATE OF	Mon		Day	Year
	Type or print) TwinA Raymond		DAVIS	DEATH	Augu		9	19 60
	5. SEX 6 COLOR OR RACE 7 MARR	IED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (n years last birthday)	Months	TYEAR IF UN	
	Male Caucasian WIDOWE	D DIVORCED	8 August 196	0	угз	Months	Doys Hou	24
	10a USJA, OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUS			untry)	112.CIT	ZEN OF WHA	
	during most of working life, even if retired)							
	Newborn		USNH, Bet		Md.		U.S.	Α,
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME				
	Harry Charles DAVIS		Ester Ri	ta CLE	MENTS			
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 1	SOCIAL SECURITY NO. 17. IN	REGRMANT		Adde	ess		
	No	None Ha:	rry C. DAVIS,	9020 H	obart St	Ard	more.M	d
4	18 CAUSE OF DEATH Enter only one cause per in	***************************************					INTERVAL	BETWEEN
	PART I. DEATH WAS CAUSED BY:	1 //					ONSET A	ND DEATH
	IMMEDIATE CAUSE (o)	typeline in	nemistari	acce	ald d			
	DUE TO	3	1/			A .	120	/
	Conditions, if any, which 1 (b)	remaker	rlu		- /	1/113.	11.21	ur.
	gove rise to immediate		1			177		
	couse (a), stating the <u>under-</u> lying couse lost.		0		/	11		
	(0)						- 11 120 11	C IIIIAACV
	PART II OTHER SIGNIFICANT CONDITIONS	ONTR BUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE	CONDITION GIV	EN IN PAR	PEI	REORMED?
Н	PART II OTHER SIGNIFICANT CONDIT ONS C						YES	□ NO □
	TO ACCIDENT WAS UNIDERLYING TO JOH DESC	TRIBE HOW INJURY OCCURRE	D (Enter nature of injury in	Part I or Port	II of item 18)		-	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)							
		JURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	20f (City	or town)	(1	County)	(Stote
	Hour o. m. 19 While	1401 willie	ctory, street, office bldg., etc	-)	1			
				<u> </u>				
	21 I certify that (I) (this haspital) attend	ed the deceased fram.	8-8- 19	60 , 10	8-9-	, 19 <u>.6</u>	$oldsymbol{Q}_{i}$ that (!) (we) las
	saw the deceased alive an 8-9-60	19 , and that a		LAMITON .	the causes on			
	720 SIGNATURE/	e in the state of	Com occanos da gra	Trip et dill	THE ENGLES OF	o dr iiii	C GGIO BILLI	22b DATE
П		_ ~	ATTENDING M	ED	STAFF	0 -	. (-	SIGNE
П	1 colour alne	ru u		RECTOR	PHYS X	0-9	-60	
Н	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS					
П	R. I. WALTON, IT MC	USN	U.S. Mava	l Hosp	ital, Be	thesd	a, Md.	
	230 BURIAL, CREMATION, 236, DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	23d, LOCAT	ION (City, lown, a	or county)		Stote)
	REMOVAL (Specify)			1 .	ngton. V		1	
		Arlington N					ONLATION	
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 4739 Ba		D BY REGISTI		STRAK'S ST	S House	
	Francis Gasch's Funeral H	ome Hyattsvil		AUG 15	DU C	dillians.	عسيا/ ا	

after death Page 4 whe funeral director, aw requires that the death certificate be executed within 24 hg may be revoined by the haspital or attending. Fiscian

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health prior to burial, crematian, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN VR A15 (4)

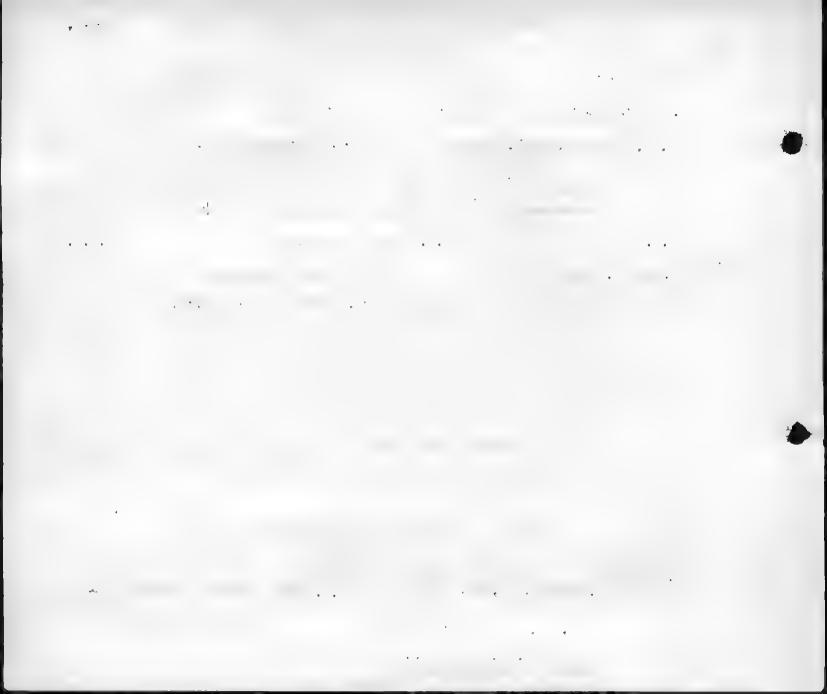


VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

09264

	93	347	ON OF 3	CERTIF	ICAT	E OF DEATI		MAKILAND	03	9264	,
1.	PLACE OF DEATH o. COUNTY Montgom	ery		MAR	(LAND	USUAL RESIDENCE (Va. STATE		d lived If institution b. COUNTY	on: Residence	before adn	niss onl
	RURAL and give r		, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (I		prote limits, write R	URAL and gin	e nearest to	own)
_	Bethesda (Rural) d NAME OF HOSPITAL (if not in hospital, give street oddr		27 Days		Baltimo	re				.apr	
	OR INSTITUTION	TAL (If not in hospital, gi	ve straet o	ddress)		d STREET ADDRESS				10	RESIDENCE LA FARM?
1 📙	U.S. Na	wal Hospita	L, Re	thesda	-	4811 True	esdale	Aye,		YES	П кож
3.	NAME OF DECEASED (Type or print)	first W11	liam	Middle Leon	nard	DAVIS	4. DATE OF DEATH	Mon Au	gust	Day 14	Year 19 60
5.	SEX	6. COLOR OR RACE	7 MARRIE	DE NEVER MARRI	ED 🔲 8	DATE OF BIRTH		9 ACE (In years la: birthdoy)	IF UNDER T		_
	Male	Caucasian	WIDOWED	DIVORCE	D 0 5	August 19	06	54 yrs	Months D	lays Hau	rs Min
10	O USUAL OCCUPATA	ON (Give kind of work d			OR INDUSTR	Y 11 BIRTHPLACE (Sto	ite or fareign o	ountr	12 CITIZE	NOF WHA	T COUNTRY?
	U.S. Nav	rking life, even if retired)		U.S.	Navv	Marylan	đ.			U.S.A	
1	FATHER'S NAME	d		0.20		14. MOTHER'S MAIDEN				0 1 1 1 1 1	•
1	Wilbert	DAVIS				Annie	FORLIE	YOR			
15	. WAS DECEASED EV	ER IN U. S. ARMED FORC	ES? 16. S	OCIAL SECURITY NO), 17 INFO	RMANT		Add	ress		
	Yes	WW II Kore		213 01 62	78 Mr	s. Dorothy	Louise	DAVIS,S	ame as	54	
	IB. CAUSE OF DE	ATH [Enter only one cou	se per line	far (a), (b), and (c)	1						BETWEEN
	PART I DE	ATH WAS CAUSED BY IMMEDIATE CAUSE (c)	(nr.	Post 1	neta	true				ONSET	WELKS
	1637	DUE TO	مارحمانيا.	ern many fr							
	Conditions, if	new which)		A market almost		1 th Sun	and the same			.6 1.	0.1.
	gave rise to	immediate (- Later	THE SHIP WITH	4	T. JAG STORE	7			0 4	ruges_
	Cause (p), and ing the under										
NOITA		HER S GNIFICANT COND	ITIONS CO	MTRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE TER	MINAL D SEAS	E CONDIT ON GIV	VEN IN PART	PER	S ALTOPSY FORMED?
CERTIFICATION	200 ACCIDENT WOR CONTRIBUTING	AS UNDERLYING COME CAUSE OF DEATH AMEDICAL EXAMINER	206 DESCR	RIBE HOW INJURY C	CCURRED	Enter nature of injury (en Part or Pa	t II of item 1B)			
MEDICAL			While	URY OCCURRED Not while	20e. PLAC factor	E OF INJURY (Hame, for y, street, affice bldg., i	erm, 20f (Cit	y ar tawn)	(Co	Jnly)	(State)
2	p m.	17	ot wark	ot work	<u> </u>	0		0 -1			
		at (I) (this haspital)		/			960 , to_	8-14-) (we) lost
	saw the decea	sed alive on 8-1	4-	1900 , and	that dea	th occurred a20	25M, fram	the causes on	d on the	date stat	ed above.
	220 S CONTATURE	1-4	Jan of			ATTENIDANC	MED	CTACE		,	22b DATE SIGNED
					_ , MI		DIRECTOR -	STAFF PHYS	8-15-	60	
	226 AMSICIAMS NAME (Type) Robert	C. THOMAS,	LT,	MC, USN		U.S. Nav	al Hosp	ital, Be	thesda	, X	
23	30 BURIAL, CREMATI	ON, 23b, DATE THEREO	F	23c, NAME OF CEM	ETERY OR C	REMATORY	23d. LOCA	TION (City, town,	or county)	(9	tote)
	REMOVAL (Specify Burial	Aug. 18.	1960	Garden	of Fai	th	Balt	imore, M	arylan	d	
2	FUNERAL DIRECTO		.2/	ADDRESS			C'D BY REGIS		STRAR'S SIGN		
*	BURGEE, F	TUNERAL HOME	363	Falls Rd	. ,Balt				un S. Ka	ALLA	
F		1/8:2025	4.4.	HARM		1 - [4]	1100	CONTO			



09265

			CERTIFICA	ALE OF DEATH		Reg. Dist. No.
1.	PLACE OF DEATH o. COUNTY	Mont gome ry	MARYLAND	2. USUAL RESIDENCE (Whe		titution: Residence before admission) NTY
	RURAL ond give Beti	hesda	c. LENGTH OF STAY IN 16	c. City or town (if or Washing		ite RURAL and give nearest town)
	or institution		address)	5017 Up	ton St.,	N.W. is residence on a farm? yes no
	NAME OF DECEASED (Type or print)	Homer	Frank	Dawson	4 DATE OF DEATH AU	Month Day Year gust 4, 1960
	male	white wow		6/21/1887		yrs Months Days Hours Min
	during most of v	ATION (Give kind of work done 10b working life, even if retired)	KIND OF BUSINESS OR INDU	West Vir	gi nia	U.S.A.
13	. FATHER'S NAME W111	iam Dawson		Arminta	_	
	WAS DECEASED! or no, or unknown) Yes	(If yes, give wor or dates of service)		nformant 's. Jessie D	ĘO.	Address 17 Upton St., N.W.
CERTIFICATION	Conditions, a gave rise to cause (a), stoli lying couse lo	or immediate on the sign of the under or the significant conditions. ANOMIC UN	hronic Hy hronic glo	per tensi meralone NOT RELATED TO THE TERMIN D (Enter noture of snjury in Po		INTERNAL BETWEEN ONSET AND DEATH ONSET AND DEATH OLOGICAL
MEDICAL	20c TIME OF IN. Hour o s	m While		ACE OF INJURY (Home, form, clory, street, office bldg , etc.)	20f (City or fawn)	(County) (State)
	21. I certify olive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Stewart				es and on the date stated above. DATE SIGNED 1958 DA 14/60
	BURIAL CREMA REMOVAL (Spec Burial FUNERAL DIRECTO	08/8/60	Arlington Na	at'l Cem.	Arlington BY REGISTRAR 246 R	TT
	The S.	H. Hines Co.	Washington	D. C. DATE AL		Cirthur & Harra

TO HOSPITAL OR ATTENDING PHYSICIAN: Th VS A15 (4) 15M 10/57



pfter death. Page 4

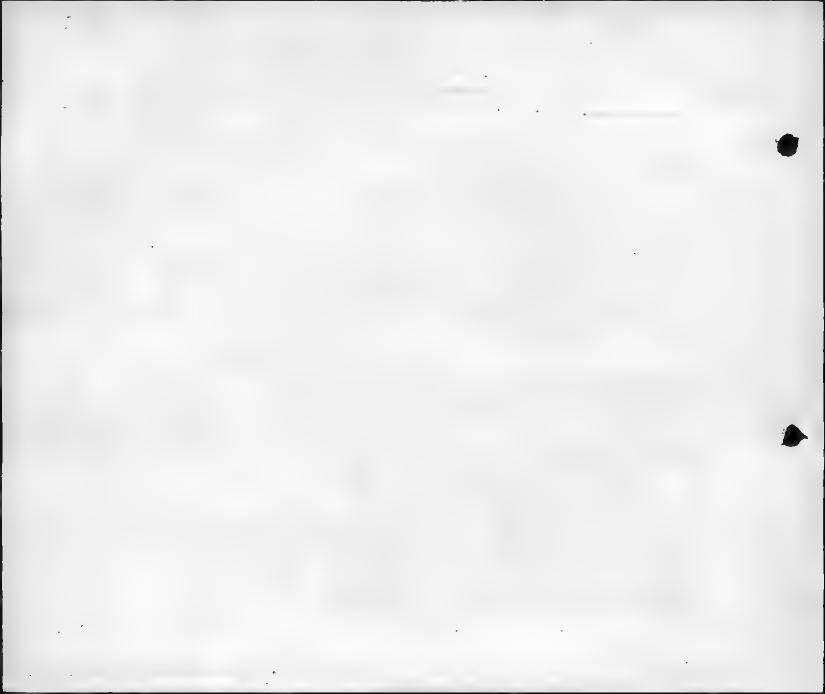
ECTOR: After this cert ficate has been s gned by the attending physician and campletely filled in by the funeral director, be detached for use as the burial-transit permit. Then please remave carban papers. Pages I and 2 should be filed with af Health prior to burial, cremation, or remaval, and in any event, within 22 hours after death. 5w requires that the death certificate be executed within 24 ha ATTENDING PHYSICIAN:

TO HOSPITAL OR	may be retained I	TO FUNERAL DIREC	page 3 shauld be	ALT CAMES DONNEL OF
VR 15	M	9/5	(4) 59	

اي ه	ontgomery		MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNTY Maryland					
RU	TY OR TOWN (fourside con IRAL and give negrest town) thesda (Rura)		3 Hours 35N	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
B N	AME OF HOSPITAL (IF not in	haspital, give street	oddress)	d. STREET ADDRESS e. IS RESIDENCE					
	S. Naval Hosp	ital, Bet	hesda,Md.	1932 Rosemary Hill Dr. ON A FARM?					
3. NAM DECE	ASED	First	Middle	Last	4. DATE Mont				
	or print)	Andrea	Lea.	DEVENNEY	DEATH Augu	,			
5. SEX	6. COLOR	9. AGE (in years lost birthday)	Months Days Hours Min						
Fems				9-3-57	2 yes	777 710013			
10o USI	LAL OCCUPATION (Give king ing most of working life, eve	d of work done 10b	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	e or foreign country)	12 CITIZEN OF WHAT COUNTRY?			
\	Child			Maryland U.S.A.					
13 FATH	IER'S NAME			14. MOTHER'S MAIDEN	NAME				
1 Ja	mes J. DEVEN	NEY		Dixie 1	L. MURREY				
IS. WAS	DECEASED EVER IN U. S. A	RMED FORCES? 16.	SOCIAL SECURITY NO. 17.1	NFORMANT	Addre	ess			
[Yas, no, t	NO (If yes, give wa	r or dates of service)	None M	s. Dixle L.	DEVENNEY . Same	as 2d			
18.	CAUSE OF DEATH Enter of	only one couse per li		1		INTERVAL BETWEEN			
90	PART I, DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) Massing hydrogerphilics & Combiling on Death Due to								
CERTIFICATION SOOK		CANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE CONDITION GLY	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES [X] NO [
GENTIFE CERTIFICATION	, ACCIDENT WAS UNDERLY CONTRIBUTING (1) CAUSE (EITHER, NOTIFY MEDICAL E)	ING DOBATH	CRIBE HOW INJURY OCCURR	D. (Enter noture of injury in	Port I or Port II of item 18)				
WEDICA 20c	TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work of work.								
zav	21 I certify that (this haspital) attended the deceased from 8-15								
<i>I</i> I L	SIGNATURE /	Make	low	M D ATTENDING MED. STAFF X) 8-15-60 226 DATE SIGNED					
22c	PARE (TR. L. WALTON, IT, MC, USN			U.S. Naval Hospital, Bethesda, il					
			23c. NAME OF CEMETERY	OR CREMATORY	ATORY 23d. LOCATION (City, lown, or county) (Stole)				
	MOVAL (Specify)	23-60	Arlingto	n National	National Arlington, Virginia				
The Party Name of Street, or other	A PUMPHREY			2So. REC	D BY REGISTRAR 25b. REGIS	STRAR'S SIGNATURE			
					G 2 2 '60 ONE	my & France			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No I, PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) COUNTY b COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, wifite CITY OR/TOWN (If outside corporale limits, write RURAL and give nearest town þe RURAL and give nearest town! potts +1-10 NAME OF HOSPITAL (If not in hospital, give street oddress) e IS RES DENCI OR INSTITUTION ON A FARM? YES NO W 3. NAME OF First Middle 4. DATE * Month DECEASED OF (Type or print) DEATH 10 5 SEX 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED | 9 AGE (In years IF UNDER 1 YEAR B. DATE OF BIRTH JE UNDER 24 HRS lost birthday) Months Days WIDOWED K DIVORCED 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 12 CITIZEN OF WHAT COUNTRYS PenTe 13. FATHER'S NAME IS. WAS DECEASED EVER IN U. 4 16. SOCIAL SECURITY NO. 113 INFORMANT ARMED FORCES? 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED 8Y.
IMMEDIATE CAUSE (6) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) Qay, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) o. m Not while of work of work 21. I certify that I attended the deceased from 19 60 that I last saw the deceased alive on, and that death accurred at DM, from the causes and on the date stated above. DIRECTOR ADDRESS (Street, city or lown, state) DATE SIGNED **ACTUAL** SIGNATURE 3 should PHYSICIAN'S FUNERAL NAME (Type) 220 BURIAL CREMATION. 72c NAME OF CEMPTERY OR CREMATORY 22d. LOCATION (City town, or county) (Stote) 8/31/60 94 Ft. Lincoln Colmar Manor, Md. 0 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) F. Gasch's Sons Hvattsville, Maryland DATE ANG 3 1 '60 15M 10/57 Clothum & Kraus



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prior

he registror

page

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09268

9350CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If Institution, Residence before admission) · COUNTY District of Columbia MARYLAND b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autide corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Washington Germantown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 2310 Ashmead Place, N.W. YES NO K Marylander Nursing Home NAME OF Middle 4 DATE inst Month Year DECEASED 60 August SALLIE DOMERAT DEATH (Type or print) 19 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years loss by the day) 5. SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Sept. 6, 1872 White Female WIDOWED TE DIVORCED [T 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) At Home Virginia Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sallie Bane Daniel H. Carr 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 2310 Ashmead Pl., NW. Wash., DC Clyde B. Douthat No CAUSE OF DEATH [Enter only one cause per line for (a), (b), and INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying cause lost. CATION PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 29a ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) IF EITHER, NOTIFY MEDICAL EXAMINERS WEDICAS 20c TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg . etc.) Hour o. m. While Not while at work of work 21. I certify that I attended the deceased from 19 (2) That I last saw the deceased and that death accurred at ZM, from the causes and on the date stated above. ADDRESS (Street, city of hown, stated DATE SIGNED

SIGNATURE

220. BURIAL, CREMATION, 226. DATE THEREOF

PHYSICIAN'S

NAME (Type)

REMOVAL (Specify) Buria.

James P. Kerr

August

22c. NAME OF CEMETERY OR CREMATORY Tvv Hil

22d LOCATION (City, town, or county)

Alexandria. Virginia

ADDRESS' 23 FUNERAL DIRECTOR'S SIGNATURE Cunningham Funeral Home

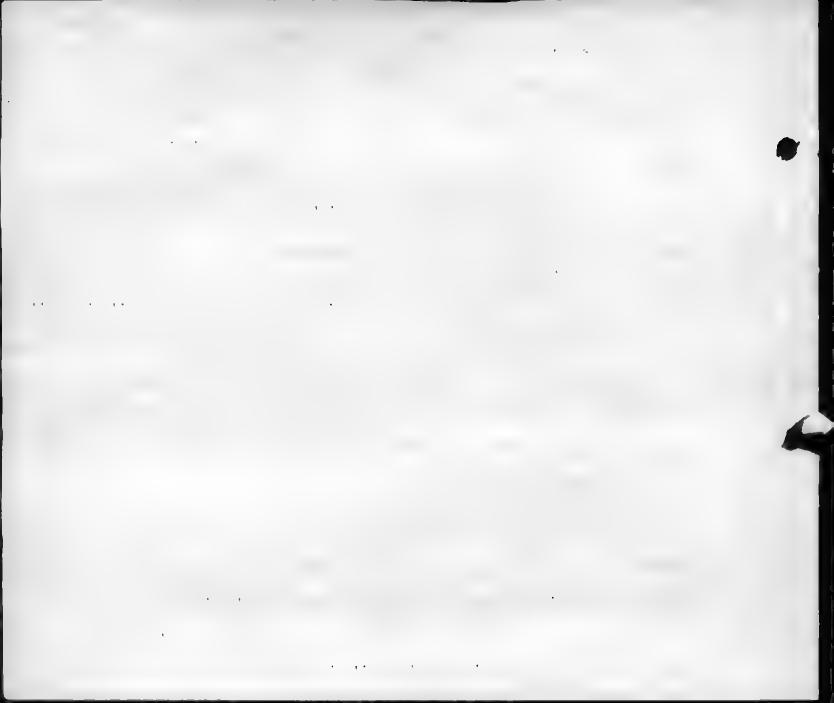
Inc. Box 65. Alex. Va.

24g REC'D BY REGISTRAR DATE AUG 5 760

Damascus.

24b. REGISTRAR'S SIGNATURE Orthur S. Haus

VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

09269

	Jet 1 1 top 7 the party	
1, PL	ACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
1 4	Marylane Marylane	Maryland Hontsoners
Ь	CITY OR TOWN (f outside corporate limits, write c LENGTH OF STAY IN 11 RURAL and give recress (9mn)	
-		11 (1 (1)
	NAME OF HOSPITAL (If not in haspital, give street address)	d. SPREET ADDRESS e IS RES DENCE
1.	OR INSTITUTION	ON A FARM?
Wa	15hington Danitarium & Hospital	18013 14th Huenue VES NO
	AME OF () First Middle	Last 4. DATE Month Day Year
	ype or print) Walter (None)	DOXON DEATH 8 18 1960
5 SE)	X 6 COLOR OR RACE 7. MARRIED TO MEVER MARRIED A	8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF JNDER 24 HR
M	widowed Divorced	November 22 1896 Syrs Months Days Hours Min.
100	USUAL OCCUPATION (Give kind of work done 18b. KIND OF BUSINESS OR INI	1-100011112010111110100
	during most of working life, even if ret red)	1/2 () / C C ()
	Hired - Treasury Dept	1. EW YORK Honerican
13 FA	ATHER'S NAME	14 MOTHER 5 MAIDEN NAME
/ L	Walter Doxon	Martha
		INFORMANT Address
No.	(If yes, grys wur or dates of service)	Day Wanter Somitavium and Hamiltal Pa
-	CO MOTATION TO	Vashington Danitarium and Hospital Ke
-1"	8 CAUSE OF DEATH [Enter only one cause per for (a), (b), and (c)]	INTERVAL BETWEEN ONSE AND DEATH
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6)	in steam function. Inthis
- 1	DUE TO DUE TO	1. 1 2 1 st. 11:
	Conditions, if any, which) 101 % Car	deal Jugaryun, vecce / house
	gave rise to immediate	1 Heart Deser
	ying cause lost	Early & Maniteurine 10 an.
		DITALOT OF LATER TO THE TOTAL OF SOME SOME OF THE TOTAL O
NOIT	PART H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH E	PERFORMED?
CATI	Obstan , waren	YES NO S
E 2	ROW ACCIDENT WAS UNDERLYING / 20b. DESCRIBE HOW INJURY OCCUP OR CONTRIBUTING CAUSE OF DEATHS	RRED (Enter nature of injury in Part I or Part II of item 18.)
CERTI	IF EITHER, NOTIFY MEDICAL(EXAMINER)	
\$ 20	Oc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, farm, 20f. (City or town), (County) (Stat
WEDICA	Haur a m. While Not while	foctory, street, office bldg., etc.)
* -	p m. 19 of wark of work	7/2 19 7/18 /2
2	I certify that (!) (this hospital) attended the deceased from	m. 0/12 ,19 4 to 0/10 ,19 6 that (1) (ye) la
5	saw the deceased give on	it death accurred at 40 W from the causes and on the date stated above
2	Zio S'GNATURE	226 DAJE
	Danver Court 19	M D PHYS MED STAFF PHYS
2	TO PHYSICIANS	22d ADDRESS
ľ	NAME (Type) WHIVD GOOD DER BE	276- 101.) 0 GI: DR GIA SIL SPE N
	£ 1/1/1 0/2001 C 1/1/00	2007
23a. E	BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETER	Y OR CREMATORY 23d LOCATION (City, town, or county) (Stote)
H	REMOVAL (Specify) Burial 8-22-1960 Arlington	Net'l. Cemetery- Arlington. Va.
24/1	UNERAL DIRECTOR'S SIGNATURE ADDRESS 7	(110 MICO 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
1/2	nech Housen he house	2. C. DAVE 22'60 archer & trave
	ect of course is more what	C. C. DAGO LE DO COUNT A. MALLE

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pagers Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death In requires that the death certificate be executed within 24 ha TO HOSPITAL OR ATTENDING PHYSICIAN

fer death. Page 4255

0971

VR A15 (4) 15M 9/59



arthur & Kraus

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY Montgomery Marvland Montgomery b. CITY OR TOWN (If autside corporate limits, write c. CITY OR TOWN (If autside corporate limits, write RURAL and give hearest Idwn) RURAL and give neorest town) Bethesda Silver Spring d. NAME OF HOSPITAL (If not in haspital, give street address) IS RESIDENCE OR INSTITUTION ON A FARM? Apt. 406 YES IN NO DE Suburban NAME OF First Middle 4. DATE Lost DECEASED (Type or print) DEATH Josephine Maria ALLON ST. TO SAR IF UNDER 24 HR 5. SEX 6 COLOR OR RACE | 7 MARRIED NEVER MARRIED 9 AGE (In years' lost birthday) 8. DATE OF BIRTH Months Days Hours WIDOWED [DIVORCED [Tom US AL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 1 13 FATHER'S NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address None CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underly'ng couse ost DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES 🔲 NO 📭 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1 of Item 18) MEDICAL 20c TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, 20f (City or town) Day. 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) While Not while at work of work 1 A L S & 19 () that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 10 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Gate of Burial Silver Spring. 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240, REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE Pumphrey Rethesda, Maryland DATE AUG 2 2 '60

Brd puo physician ding

detach FUNERAL DIRECTOR: age 3 should be detact 0 VS A15 (4)

15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9359 CERTIFICATE OF DEATH 09271

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit perm t. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death.

ifter death, Page 4

requires that the death certificate be executed within 24 hr

TO HOSPITAL OR ATTENDING PHYSICIAN: VS A15 (4) 15M 9/58

Ut	111/5	CERTIT	ÇA II	OI DEAII	•		Reg. Dist.	No.		
PLACE OF DEATH				JSUAL RESIDENCE (W	here deceased liv	ed If institution	on Residence	before admi	'ss'on)	
o. COUNTY	MARYLAN	ab (o. STATE b. COUNTY							
b CITY OR TOWN (If ours de corporate limits, write c LENGTH OF ST			16	Maryland		Montgomery orporate limits, write RURAL and give nearest town)				
RURAL and give negrest k	own)	TO CENGIN OF STAT IN	10	The I	soside corporate	regints, weard it	DKAL ONG GIV	b tredirest to	7111	
Batheso		37 Hrs.		Silve	r Sprin	pr				
d. NAME OF HOSP TAL (IF &	d, NAME OF HOSP TAL (If not in hospital, give street address)				d. STREET ADDRESS			a IS RI	A FARM?	
Sı	hurban		10607	Bucknel	1 Dr.			YES [No 🚺	
B. NAME OF DECEASED	First	Middle		Lost	4. DATE OF	Mon	th	Day	Year	
(Type or print)	Clara R.		Dr	rsland	DEATH	Δ11	gust	11	19 60	
. SEX 6. CC		MARRIED TINEVER MARRIED	. 1 . 0	TE OF BIRTH	9	AGE (In years	IF UNDER 1	YEAR IF UNI		
Femele		OWED DIVORCED		2/22/00		ost birthday)	Months D	ays Hours	s Min	
Og. USUAL OCCUPATION (GIV	e kind of work done	106 KIND OF BUSINESS OR IT	VDUSTRY	11. BIRTHPLACE (Stote	or foreign count		12 CIT-ZE	N OF WHAT	COUNTRY	
during most of working life	, even if retired)	Own home				•			•	
Housewif		OWIT LIGHT		North I			U.	S.A		
FATHER'S NAME			14	MOTHER'S MAIDEN	NAME					
Lohn	Jacob B	lonnold		Carol	ine Ol	son				
S. WAS DECEASED EVER IN U.	S. ARMED FORCES?		INFOR	MANT		Addi	ess			
2.2	ve wor or dates of service)	none	,	D	T-PB D	73\				
- NO		1 5 4 1 4 1 4 1 3		Daughter (Irebe D	ysiand)		INTERMAL O	DETAILERA I	
PART I. DEATH WA		er I ne for (o), (b), and (c).]		0	0			ONSET AN		
MME!	DIATE CAUSE (o)	of newson.	034	ea et	un			211	outle	
1007	DUE TO	V		/	-					
Conditions, if any, wh	ich)	nanikl.		uderligen	. 111	0.		2/4	1	
gove rise to immedi	ote (Dus 70	() Francis		runnangen	Lay USS. A	- grad	and a			
couse (o), stating the unc	fer-			/						
lying couse lost.) (c)							1		
PART II. OTHER SIG	NIF CANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	INAL DISEASE CO	OND TION GIV	EN IN PART 1	(o) 19 WAS	S AUTOPSY FORMED?	
PART II. OTHER SIG) cale te	1. ruell	lu	-				YES [] NO [
200 ACC DENT WAS UND OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	ERLYING 1 206	DESCRIBE HOW INJURY OCCU	JRRED. (En	iter nature of injury in	Port I or Port II	of item 18)		· ·		
(IF EITHER, NOTIFY MEDIC	AL EXAMINER)									
20c TIME OF INJURY Mon	oth, Day Year 20	DE INJURY OCCURRED 200	PLACE	OF INJURY (Home, form	n, 20f (City or	town)	íCos	unty)	(Stote	
Hour o.m.	W	hile Not while	factory,	street, office bldg., etc	:)				· ·	
p, m,	17 01	work of work			1					
21. I certify that I a	ittended the dec	eased fram		, 19.5 8, ta	8111	19.60	that I last	saw the	decease	
alive an S/	10	1900_, and that de	eath acc	urred at \$ 30 A	M. from the	causes an	d on the c	date state	ed abay	
1	-				ADDRESS (Street				AJE SIGNE	
ACTUAL ///	w.A.K	The		1	C.			81	11/1	
SIGNATURE	myjury	town his	M.D	-100-11-1	seary	toc-les	re			
PHYSICIAN'S NAME (Type) H	STOUT	20		30	lloer	Jerri	7 2W.	of		
20 BURHAL, CREMATION, 221		22c NAME OF CEMETER	RY OR CRE	MATORY	22d LOCATION	Y (City, town, i	or county)	(54	ote)	
BURIAL (Spec fy)	3/15/60	PARKLAWN C		_	MONTGO	MERY C	OUNTY,	MARYL	AND	
3. FUNERAL DIRECTOR'S SIGN	ATIONS	a ADDRESSAN ATT	DIMO	MD 240, REC	D BY REGISTRAF	24b. REGIS	STRAR'S SIGN	IATURE		
YOUR BERE	THREE IN		KING,	Lift •						
July Monde	2-Alska			DATE	UG 1 6 '60	. C	Thung & ?	Through		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

0252

CERTIFICATE OF DEATH

09272

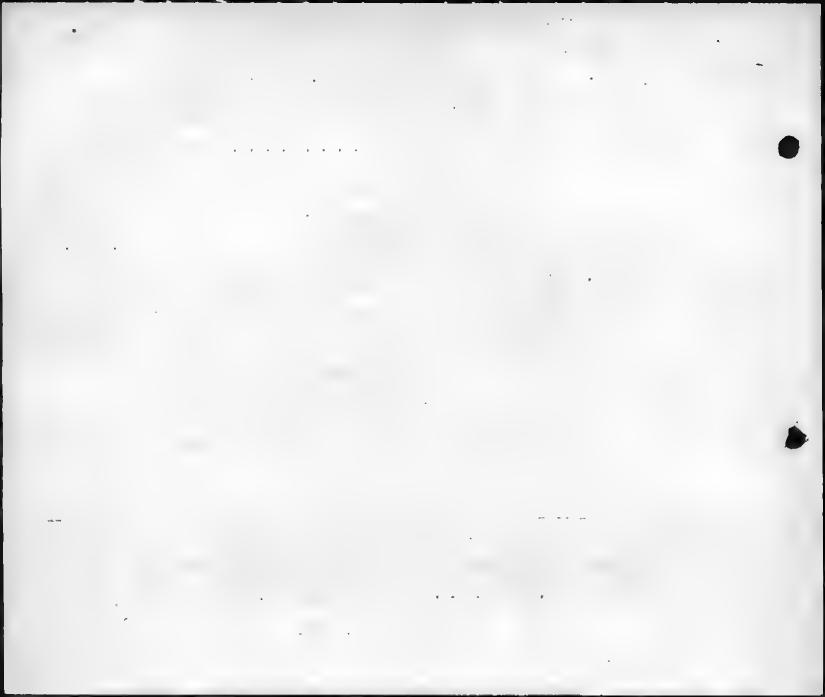
	0000	QERTII IQA	TE OF BENTH		
1,	PLACE OF DEATH		2 USUAL RESIDENCE (W		Residence before admission)
	Montgomery	MARYLAND	Canal 2	Zone b county	
	CITY OR TOWN (if outside carporate limits, write RURAL and give neorest town)	c (ENGTH OF STAY IN 16	c CITY OR TOWN (if	outside corporate imits, write RURA	AL and give nearest town)
	Bethesda	4 Days	Fort Davis	s '(, y)	
	NAME OF HOSPITAL (If not in hospital give street of institution The Clinical Center	oddress)	d. STREET ADDRESS	A.I.B. School, Qua	on a FARM?
3.	NAME OF First	Middle	Lost	4. DATE Month	Doy Year
	(Type or print) Marv	Jane	Edgar	DEATH AUG	
5 5			B DATE OF BIRTH	9 AGE (In years IF	UNDER TYEAR IF UNDER 24 HRS
	Female White wipow		October 2h.	1923 38 yrs	fonths Days Hours Min.
0a	USUAL OCCUPATION (Give kind of work done 10b				12 CITIZEN OF WHAT COUNTRY
	during most of working life, even if retired) Secretary	ecretarial	Ohio		U.S.A.
3.	FATHER'S NAME	The second secon	14 MOTHER'S MAIDEN	NAME	
	William J. Evans		Laura Krei	ghhaum	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO 17 II		edical Record ^{Address}	
T III		80-14-6940 Th		enter, Bethesda,	
_	1B. CAUSE OF DEATH Enter only one couse per li				LINTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Car	diac arrest			1 hour
	T HOUY				
	DUE TO				
	Phe	numatic heart d	i sassa		
	Conditions, it any, which (b)	10020 110020 0			
	DUE TO	44			
	7 (0)	tic stenosis s			
CAT ON	PART 1 OTHER SIGNIF CANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	ainal disease condition g ven	PART 1(b) 19 WAS AUTOPSY PERFORMED?
CERT SI	200 ACCIDENT WAS UNDERLYING 200 DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in	Port 1 or Port II of Item 78)	
		NJURY OCCURRED 20e Pt	ACE OF INJURY (Home, for	m. (20f. (City or town)	(Caunty) (State
MEDICAL	Hour o. m. 10 While	Not while fo	clory, street, office bldg., et	(c.)	(000)
Σ	p. m. U bi woi	k at work		10 1 0	
	21 I certify that (I) (গোড নিত্যকৃতিন) attend				
	saw the deceased alive an August	10,19,00, and that a	death accurred aLLZ	the causes and	
	220 SIGNATURE	3	ATTENDING A	UED STAFF	8/19/60 ^{5 GNE}
	Johnson K- by Ul	.ox		DIRECTOR FHYS 15	0/19/00
	22c. PHYSICIAN'S NAME (Type)	W.D	22d ADDRESS The	e Clinical Center	r
	Benson R. Wilco	x, M.D.	National 1	<u>Enstitutes of Hea</u>	alth, Bethesda.
230	BURIAL, CREMATION, 236, DATE THEREOF	23c. NAME OF CEMETERY C		23d. LOCATION (City, town, or o	
_1	REMOVAL (Specify) Burial 8/23/60	Arlington 1	Nat. Cem.	Arlington, V	irginia
	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a REC		AR'S SIGNATURE
	Robert A. Pumphrey I	Bethesda, Ma	ryland Aut	143 00 Cillur	9 4

TO HOSPITAL OR ATTENDING PHYSICIAN: Dow requires that the death certificate be executed within 24 h. pfter death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in by the funeral director, the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

n/

VR A15 (4) 15M 9759



	0004		CERTIF	ICAII	E OF DEATH						
o. COUNTY Montgomer	V		MARYI		usual residence (Who a STATE Alabama	ere deceased	lived If institution b. COUNTY	n Reside	nce befor	re admiss	ion)
	(If outside corporate sm	ts, wr to	c. LENGTH OF STAY	N 1b	c CITY OR TOWN (If o	utside corpor	ote limits, write Rt	JRAL and	give neo	rest town	>)
Bethesda			11 days		Bessener			6.	*	100	
OR INSTITUTION	PITAL (If not in hospital is	ive street	oddress)		d STREET ADDRESS		3			e IS RES	FARM?
The Clinic	cal Center,	Bethe	esda llı, Md	le II	Rts #chanBaz	2623	43. 1.			YES PA	1 NO 🍱
3 NAME OF DECEASED	Fi		Middle	,	Last	4. DATE OF	Mont		Do	/	Year
* (Type or print)	Selr		(None	-	Ellis	DEATH	Augus		31		1960
S SEX	9.7	7. MARR	EDE NEVER MARRIE		DATE OF BIRTH		9 AGE (In years lost birthday)	Months	Days	Hours	ER 24 HRS
Male	Negro	WIDOW			ugust 16, 19		fff Aue				
during most of w	ION (Give kind of work orking life, even if retired]			Y 11, BIRTHPLACE (Slote)	_	untry)	12 CI			OUNTRY?
Laborer			Construction		Alabar	1000			U.S	5.A.	
3. FATHER'S NAME			_		14. MOTHER'S MAIDEN N						
	ne unknown)	EL1:		127 10150	Hattie Thom					_	
(Yes, no or unknown	VER IN U.S. ARMED FOR (Fyes give war or dates of s	BUA CO.	SOCIAL SECURITY NO	1	RMANT The Med:				**	-	
No	<u> </u>		20-09-0405	The	Clinical Co	enter,	Bethesd	a 14,		Y	-
	EATH [Enter only one co			7 .	0.77				ONS	RVAL BE	DEĄTH
- ANT G D	EATH WAS CAUSED BY IMMEDIATE CAUSE (d		ipheral Va	racula	ar Collapse				41	> IIIT.	nutes
70	DUE TO		7. amound Trans	la					1 2	O mo:	ntha
Canditions if	immediate (lignant Lyn	ihuour	3.				1 1	0 200.	110119
couse (o), statin	g the under-		lateral pne	alimon:	10						
lying couse las		-			or related to the termin	NAI DISEASE	CONDITION CIV	EN IN PA	RI I(o) I	9 WAS	ALTOPSY
PART II O	THE SIGNAL COL	DIT ON C		2011	O RECOTED TO THE PERISH	TAL DISCASE				PERFO	RMED?
	VAS UNDERLYING [] IG [] CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OF	CCURRED	(Enter noture of injury in f	Port I ar Part	II of item 1B)				
Y 20c TIME OF INJU	,,			20e PLACI	E OF INJURY (Home, farm, y, street, office bldg., etc.	20f (C ty	or lown)		(County)		(Stote)
Hour o.m	19	While of work	Not while	100.00	- S.						
21 I certify th	not (1) (this hospita) ottend	led the deceased		lugust 20 12	60 p. ill.	August 3.	1, 196	60 _{, th}	ot (I) (we) last
saw the dece	ased alive on Au	gust	31 19 60, and	that dea	oth accurred at 5:2.	M, fram	the causes an	d an th	e date		b DATE
220. SIGNATURE	Shellen my	. 100	26,1 Mi] M.I		ED RECTOR	STAFF Y			9/1/	60 SIGNED
22c PHYS C AN S NAME (Type)	Sheldon M.	Molf	f//M. D.		22d ADDRESS The	e Clin	ical Cen	ter,	Nat:	ional	l.
	DITOLOGOI III	110-44	* 7/*** 2		Institutes	of He	alth, Be	thesc	la_1/	M.	d
23a BURIAL CREMAT REMOVAL (Special		60	23c NAME OF CEME	TERY OR C	REMATORY	130 LOCAT	TON (City, town, o	r county)		AL.	o.
24 FUNERAL DIRECTO	R'S AIGNATURE	11	ADDRESS		25a REC'I	D BY REGIST		-			
+ resiero	Tuneul.	Hon	u Fre.		DATE CI	EP 7 '8	60 0.	Alun .	8. Tha	J.C.A.	

DATE SEP 7

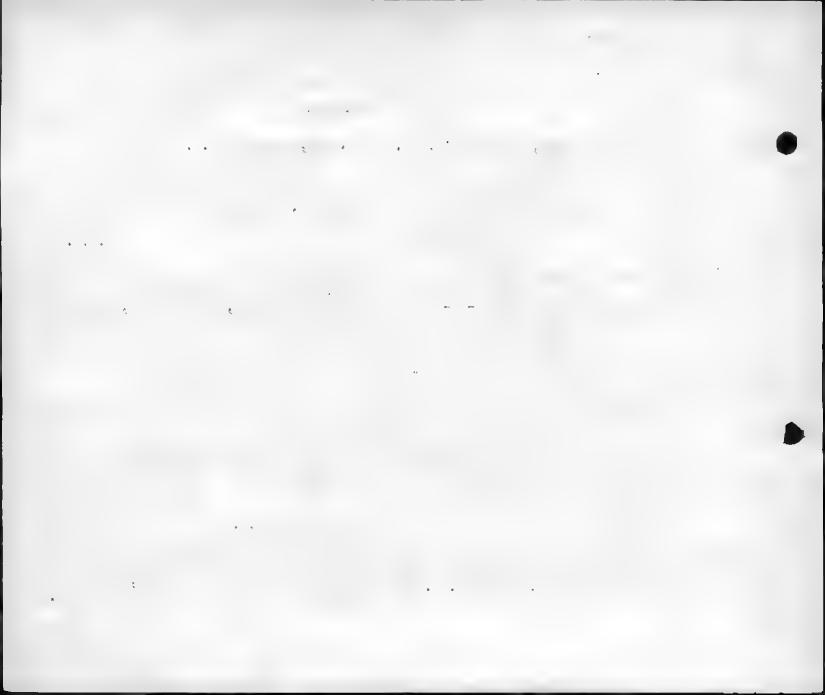
may be retained by the hospital ar afternating or states as a signed by the attending physician and completely filled in by the funeral director.

THE FUNERAL DESCIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or removal, and n any event, within 72 haurs offer death. w requires that the death certificate be executed within 24 TO HOSPITAL OR ATTENDING PHYSICIAN.

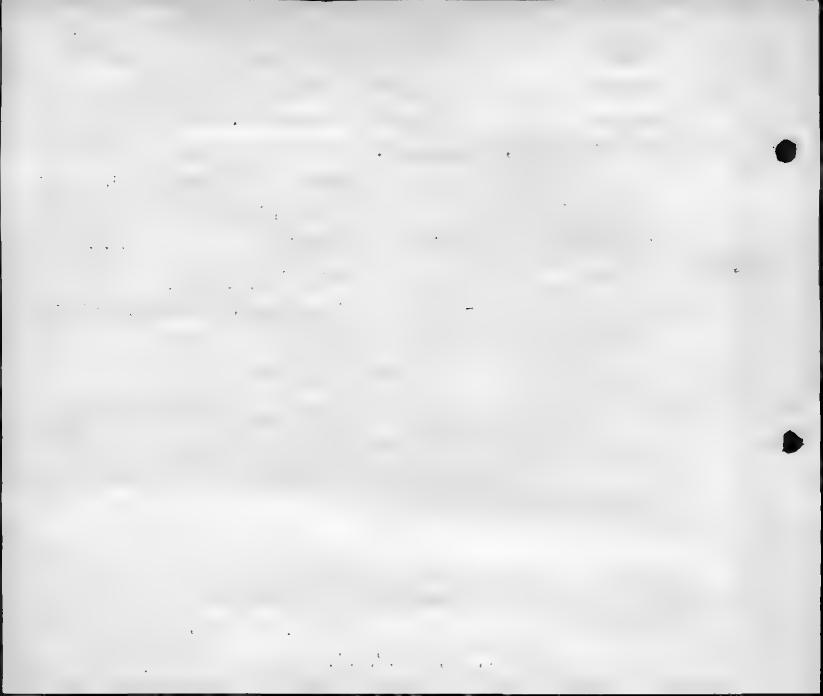
VR ATS (4) TSM 9/59

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er death. Page 4



MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09275

25b REGISTRAR'S SIGNATURE

arthur & House

250. REC'D BY REGISTRAR

'60

DATE AUG 5

	C	272	CERTIFIC	CATE OF DEATH		09275
	COUNTY HON	Kanmere.	MARYLA	n STATE / / A	here deceased lived. If institute b. COUNTY	on Residence before admission) MINTERMEN
Ь	CITY OR TOWN (If a	outylde corporate limits, v	c. LENGTH OF STAY IN	16 c. CITY OR TOWN (IF o	Survivide corporate limits, write R	7770744 /
9	OR INSTITUTION &	An E, HOAD	1 - 1 - 1 - 1	d STREET ADDRESS	1.go Ave.	e is residence on a farm? yes \boxed no \boxed
DE	ME OF CEASED pe or print)	Lucy	MAUDE Modele	FARIS	DATE MONDE	th Day Year 2 19 60
S SE)	temate.	COLOR OR RACE 17	MARRIED NEVER MARRIED DIVORCED [1 0 10 01	9 AGE (In years lost birthdoy) 83 yrs	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
	tote seller	(Give kind of work done g life, even if retired)	Own home	INDUSTRY IT BIRTHPLACE (Stote	or foreign country)	AMERICA
	THER'S NAME CHALMERS S	EDGWICK		VIRGINIA T		
	AS DECEASED EVER	IN U. S. ARMED FORCES yes, give wor or dates of service	NONE	17. INFORMANT	HAT LECER	/
11	PART I. DEATH	WAS CAUSED BY-	per line for (a), (b), and (c) }	nie		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony	mediate				A
	touse (a), stating th lying cause lost.	(c)				
CATIO	Careb	1 a L / GELL	ons contributing to DEATH	the rught to	The July	VEN IN PART 1(0) 19 WAS AUTOPS' PERFORMED? YES NO
2 C	OF ACCIDENT WAS PROPERTY OF EITHER, NOTIFY M	CAUSE OF DEATH	i. DESCRIBE HOW INJURY OCC	CURRED (Enter nature of injury in	Port I or Port II of item 18)	
WEDICA 20	K TIME OF INJURY Hour o m p. m	·	20d INJURY OCCURRED 20 While Not why e of work 0 of work	PLACE OF INJURY IHome, form foctory, street, office bldg., etc.		(County) (Stat
	1 I certify that aw the decease		ttended the deceased fr	3	fm. T	1965, that (I) (we) land an the date stated above
2	20 SIGNATURE	ce 71.62.	relze u 2	M D PHYS D	ED STAFF PHYS	11-47 1 146 S GNE
12	Zo/PHYS CIAN'S NAME (Type)	hn/1.A	tilt . u.	74 ADDRESS	Mile	lar ES/ ing Texe
23a E	BURIAL CREMATION	236 DATE THEREOF	23c NAME OF CEMETE	ERY OR CREMATORY	WEELING WVTR	or county) (State)

STIVER SPRING, MD.

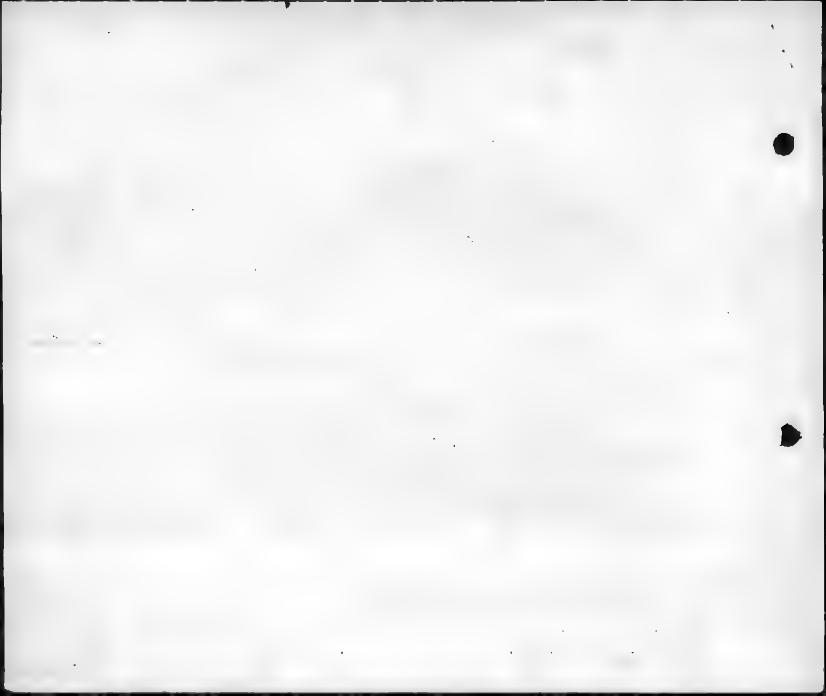
7 the funeral director, 2 should be filed with may be retained by the haspital or attend a provision.

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after death. Page 4

requires that the death certificate be executed within 24 ha

TO HOSPITAL OR ATTENDING PHYSICIAN. VR A15 (4) 1SM 9/S9



FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificates should be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the word property in penalt in item, 18. Give Pages 1, 2, and 3 to the full rector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be reto any your fles.

THE LUNERAL DIRECTER: Bage 3 should be used as a build-transit permit. File mages 1 and 2 with the maje Board of Health, or its designated agent, prior to burial, cremotian, or removal, and in any event within 72 bours after death.

VS ATSME BM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9356

09276 Reg. Dist. No.

1 PLACE OF DEATH				2 USUAL RESI	DENCE (Where dece	ored lived (finst tut	ion Residence befo	re admiss on)		
o. COUNTY MO	ontgomery		MARYLAND	o. STATE D	ictrict	of C8YUM	nbia	june.		
b CITY OR TOWN (1 and give regrest town)	outside corporate limits, will to	RURAL	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If auls'de carporote limits, write RURAL and give neares)					
Bethe					Washingt	ton	i	a ye		
		f not in hosp	ital, give street address)	d STREET A	ODRESS		T T	e. IS RESIDENCE		
5060_R	liver Rd.			222	E Str	et, N. V	J.	YES NO X		
3. NAME OF DECEASED	Fire	it	Middle	Lost	4 DATE OF	Month	Doy	Year		
(Type or print)		LPHUS		FARMER	DEATI	Aug.	30,	1960		
5, SEX		7. MARRIED	NEVER MARRIED			The state of the s	IF UNDER TYEAR			
Male	White	WIDOWED		Oct.21,	1897	62 yn	Manths Days	Haurs Min		
10a USUAL OCCUPATIO	ON (Give kind of wark to g life, even if retired)	Idne 10b Kil	ND OF BUSINESS OR INDU ropolitan (STRY TO BIRTHPLA	CE (State or foreign	country)		WHAT COUNTRY?		
Dispatche	ir	C	A	Vi	rginia		U. S	5.		
13. FATHER'S NAME	_	_		14. MOTHER'S A						
	orge Farm				y Bealo					
15. WAS DECEASED EVI	ER IN U. S. ARMED FO: (If yes, give wor or doles of		8-14-9083	INFORMANT	Son	Addres 4	408 N.F1	rederick		
No				Adolphi	s Farme	r, Jr.	clingtor	L.Va.		
	TH [Enter anly one cau						ONSET	AL BETYZEN AND DEATH		
PARI I DEAI	H WAS CAUSED BY: IMMEDIATE CAUSE (o)	C	oronary Occ	clusion			Sud	lden		
	DUE TO						1			
Conditions, if or gave rise to immed										
(a), stating the u										
cause lost.) (c)									
PART II. OTH 20a. EXTERNAL CAL PRIMARY II or CON CAUSE OF DEATH.	ER SIGNIFICANT CON	DITIONS COP	TR BUTING TO DEATH BUT	NOT RECATED TO	HE FERMINAL DISEA	IZE CONDITION & VE		PERFORMED?		
PRIMARY O or CON CAUSE OF DEATH.	SE WAS	b DESCR BE	HOW INJURY OCCURRED	(Enter nature of inj	rry in Port I or Port	II of item 18)		M		
20c. TIME OF INJUR	Y Month, Day, Yee	r 20d, IN While	JURY OCCURRED 20e. PL	ACE OF INJURY (Hictory, street, office I	ome, form, 201. (C	fy or fown)	(County)	(State)		
D Haur a.m. ≥ P.m.	19		of work							
21. I certify th	at I taok charge	of the re	moins described ob	ove, held an	Autopsy [].	Inspection 🔀.	Inquiry 💢,	ond in my		
apinion death	resulted from: N	dotural co	ouses 🔀 , Accident	, Suicide	, Hamicid	e 🔲, Undeter	mined monner			
	1-	0								
ACTUAL SIGNATURE	Trank to	Six	rhait_	M D CH EF MI	DICAL EXAMINER			DATE SIGNED		
EXAMINER'S				ASSISTAN	T MEDICAL EXAMIN	JER 🔲	Aug.	30, 1960		
NAME (Type)	FRANK'J.		CHART		AEDICAL EXAMINER	12		_		
720 BURIAL, CREMATIO REMOYAL (Specify)	N. 226 DATE THEREO	F [2	2c NAME OF CEMETERY O	-	22d LOC	ATION (City, Iown, or	county)	(State)		
Burial			Rock Cre			ashington				
23. FUNERAL DIRECTOR		17-	ADDRESS		140 REC'D BY REGI	STRAR 246 REGIST	RAILS SIGNATURE			
Pee LMM	grar Home	- Wa	shington .I	J. C.	DATESEP 2	60 0.7	1 9 H			





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9357 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived I if institution Residence before admission) e. COUNTY o. STATE b. COUNTY MARYLAND D.C. Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RJRA, and give nearest town) RURA, and give nearest Jown) PIO 3 days Washington Kildresto d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 26 YES IT NO DY 4401 Chesapeake Suburban puc E NAME OF First Middle 4 DATE Month Year Day OF (Type or print) DEATH Pages 18 Fink Ang. 19 -60 É James 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days Hours DIVORCED [T WIDOWED T 90 90 M ala White 100 USUAL OCCUPATION (G ve kind of work done done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? COT U.S.A T Reading. pan Retired 5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ē ğ physica . WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address 0 attendin 18. CAUSE OF DEATH [Enter only one cause per line for (a)/(b), one (c)-INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (6) **DUE TO** þ Conditions if any which gned gave rise to immediate **DUE TO** je d cause (a), stating the underlying couse ast, PART II OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS ALTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port Lar Port II of item 18.) trificate MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) Haur a.m. While Not while at work at work p. m. 21. I certify that Lattended, the deceased from 19 Southat I last saw the deceased that death accurred at 6.200 M, from the causes and an the stated above. alive an ay be retained by the FUNERAL DIRECTOR: ADDRESS (Street, city or lown, state) **ACTUAL** SIGNATURE retained 3 should RESERVED BY THE NAME (Type) 8206 Manle Ridge Ave. Bethasds M.d. 22a BURIAL CREMATION, 22b DATE THEREOF 22d. LOCATION (City town, or county) 22G NAME OF CEMETERY OR CREMATORY (Stote) page 0 246 REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 246. REC'D BY REGISTRAR DATE AUG 2 2 '60 VS A15 (4) 15M 9/58



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9358

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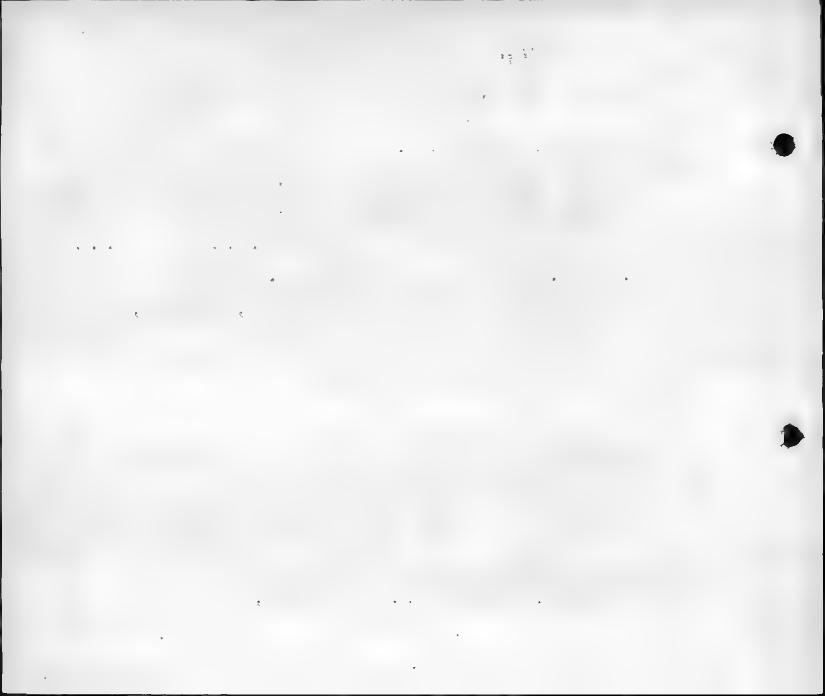
<u></u>		43 (3 (7)								Reg. D	ist. No.		
3	PLACE OF DEATH COUNTY Montgomer	У			MARYLAND	2	usual residence (who "West Virgi	nia	ed fived. If institution by COUNT		nce before	odmiss	ion)
		If outside corporate limits, v	write	c. LENGTH OF	STAY IN 16		c CITY OR TOWN (If o	utside carp	arate limits, write	RURAL and	give neare	nt Iown)
	Bethesda	earest lown)		2 days	5		Pratt						
	d. NAME OF HOSPIT	FAL (If not in haspital, give	siteet c				d. STREET ADDRESS				0.	IS RES	IDENCE
I	he Clinica	l Center, Be	the	sda 14,	Md.		Box 123					ONA	NO P
3.	NAME OF DECEASED	First		N	Aiddle		Lost	4. DATE	М	onth	Day	7	reor .
	(Type or print)	Alfre	d	Az	ndy		Fleming	OF DEATH	. Au	gust	16	5 1	9 60
5	SEX	6 COLOR OR RACE 7	MARRI	ED 😭 NEVER W	ARRIED 🔲	8 D.	ATE OF BIRTH		9. AGE (In year		R TYEAR II	UNDE	R 24 HRS.
	Male	1100000	DOWE	Patter	ORCED 🔲	Ju	ly 2, 1906		54 y	š.		Hours	Min
10	 USUAL OCCUPATION during most of world 	ON (Give kind of work done king life, even if retired)	105.1	CIND OF BUSIN	ESS OR INDU	STRY	13. BIRTHPLACE (Stote	or foreign	country)	12. CI	TIZEN OF	WHAT	COUNTRY?
	Coal Mine			Mining			West Vi	rgin	ia		U.S.	4.	
13	FATHER'S NAME					14	MOTHER'S MAIDEN N	AME					
L	Willie Fl						Pheeba Kee						
15		R IN U. S. ARMED FORCES		OCIAL SECURIT	Y NO 17 1	NFOI	MANT The Med	ical	Record	dress			
L	No		2	33-12-4	742 TI	ne	Clinical Ce	nter	Bethes	ia 14,	Mary	rlan	ed.
	18. CAUSE OF DEA	WH [Enter only one cause	per lin	e for (a), (b), and	d (c) }						INTER	VAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Car	rdiac an	rrest.						ONSET AND DEATH		
	11011	DUE TO		de commentent de store la								-	
	Conditions, if a	nu suhish V	Tes	ft Venti	ກຳ ຄນ ໄ ດ ກ		ລາໃນກວ				1 7	1	
	gave rise to in	mmediate (1 0 101101	Lacalan	- 14	arruie					. ho	ur
	lying couse lost.		Ca	1-1-1-									
z		(c) HER SIGNIFICANT CONDITI		lcific a				144 9575 9 44	I COLONIO.			car	
CERTIFICATION			ONS C	ZMINIOCINO II	O DEATH BUT	NOI	KELATED TO THE LERMIN	HAL DISEA	SE CONDITION G	IVEN IN PAI		PERFO	RMED?
CERTIF	20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20L CAUSE OF DEATH MEDICAL EXAMINER)	. DESC	RIBE HOW INJU	RY OCCURRE	D (E	iter nature of injury in P	ort I or Pa	rt II of item 18)				
3	20c TIME OF INJUR	Y Month, Day, Year	20d. IN	JURY OCCURRED	20e. PL	ACE I	OF INJURY (Home, form,	201. (Cit	v or town)		County		(Stote)
MEDICAL	Hour a.m.		While	Not while	for	clory,	street, affice bldg., etc.)		, , , ,	,	,,		(2.4.2)
2	p. m					-	/0 :		- 1	10			
		at I attended the de	ceose	d from Au	gust_L	4	_, 19 <u>.QQ_, to_Au</u>	igust.	JQ, 19_5	DU;that 1	last saw	the	deceased
	alive onAug	gust 16	12.6	$Q_{-,-}$, and	that death	occ	ourred of 3:32.4				he date	state	d above
	L	1 611		9			-	DDRESS (ilreet, city or town	, state)		DA	TE SIGNED
	SIGNATURE SIGNATURE	JA W. CIL	لأسا	er I		M D.	The Clinic	al C	enter			8/1	7/60
	PHYSICIAN'S	,		1			National]	[nstit	tutes of	Healt	h		
		seph W. Gilb	ert	M.D.			. Bethesda]	U. M	aryland.				
220	O THE PERSON OF	226 DATE THEREOF		72c NAME OF			MATORY		TION (City, town	or county)		(Stote)
	removal (Specify)	8/17/60		Highle	awn Me	m.	Pk.Cem.	Oak	Hill,	W. V	a.	·	
23	FUNERAL DIRECTOR			ADDRESS	Wooh		D C 240. REC'D	BY REGIS		ISTRAR 5 SI			
	The S.H.H	Hines Co. 2	901	L 14th	St. Stask	I:V	DATE AU	G 18	60	and public	1. Firmer	d	

VS A15 [4] 15M 9/55



VS A15 (4) 15M 10/57

			MAKT	LAND	STATE DEPAI	KIM	ENI OF H	EALTH	I—RYLLIW	ORE, 18	6	000	0
			935	9	CERTIF	FICA	TE OF D	EATH	ł		() Reg. Dist.	928	V
	0 1	ACE OF DEATH COUNTY ONTGOMET	7		MARYL	AND	2 USUAL RESIL		ere deceased lived		Residence	before or	
		RURAL and give ne	foutside corporate limitarest town)	its, write	c LENGTH OF STAY	N 1b	c. CITY OR T	OWN (if o	utside corparate la	mits, write RUI	RAL and giv	e nearest	town)
		ethesda	AL (if not in hospital, g		3 days		Mount		ier				
	1	OR INSTITUTION			esda 14, Md	•	3205 (stown Dr:	ive		0	RESIDENCE N A FARM? S NO 😭
	DE	ME OF CEASED pe or print)	Hen ry	-	Middle Collin	s	Fox	, Jr.	4. DATE OF DEATH	Month		Doy 19	Yeor 19 60
	5 SEX		6. COLOR OR RACE	7 MARR	EED NEVER MARRIED	1	B. DATE OF BIRTH		. I I and				NDER 24 HRS
		ale	White	WIDOWI	tank and a second	Lagran	Februar		エンシン	yrs	Monras	оуз Но	urs Min.
_	. 0	uring most of work	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS			on D.C.			EN OF W	HAT COUNTRY
7	TO, FA	THER'S NAME					14. MOTHER'S						
		enry C. I							. Bois Ve				
	No.	o, or wikingson)	R IN U. S. ARMED FOR	ervice)	None				ical Reconter, Bei			aryla	and
	PART I DEATH WAS CAUSED BY: Brain Hemorrhage 2											ONSET A	BETWEEN NO DEATH
	Conditions, if any, which (b) Acute Lymphatic Leukenia									2 1	veeks		
	- E	gove rise to immediate couse (a), stating the under- lying couse lost.											
	CERTIFICATION			DITIONS C	ONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE CON	DITION GIVEN	N PART 1	PE	AS ALTOPSY REORMED? NO
		R CONTRIBUTING	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRISE HOW INJURY OC	CURRED	, (Enter nature of	τημιτή τη Ρ	ort i ar Part II af i	item 18.)			
	MEDICAL	TIME OF INJURY Hour a.m. p. m	/ Month, Day, Yes	While	NURY OCCURRED 2 Not while to or work	ille. PLA	CE OF INJURY (Flory, street, office	ame, farm, bldg , etc	20f. (City or tay	vn)	(Co	inty)	(State)
	2	1. I certify the	at I attended the	decease	ed from Augus	九 10	5 19_60	to A	ugust 19	, 19 60	that I la	st saw t	he deceased
	a	tive onA1	igust 19	., 1969	O, and that a	death	occurred of		_M, from the			date si	ated above
	A	CTUAL R.	E Breselburk M.O. The Clinical Center							8-2	20-60		
Î		YSICIAN'S AME (Type)	RICHARD E.	RIESI	ELBACH, M.	D	Natio Beth	onal esda	Institute Lu, Maryl	es of H and	ealth		
	R	EMOVAL (Specify)	N. 225. DATE THEREC	F	22c NAME OF CEMET				22d LOCATION (City town, or	county)	(State)
		Burial	8/24/60		Arlington	Na			Arlingt				
		NERAL DIRECTOR'S		2++	ADDRESS Ville, Md.				AUG 25 0	246 REGISTI		. 14	4
	4	- ACCOUNT	S DUILS ILY	a 6 651	ville. Nd.			DATE	400 PO 00	C.	بر وسند	3 / 100000	Lan.

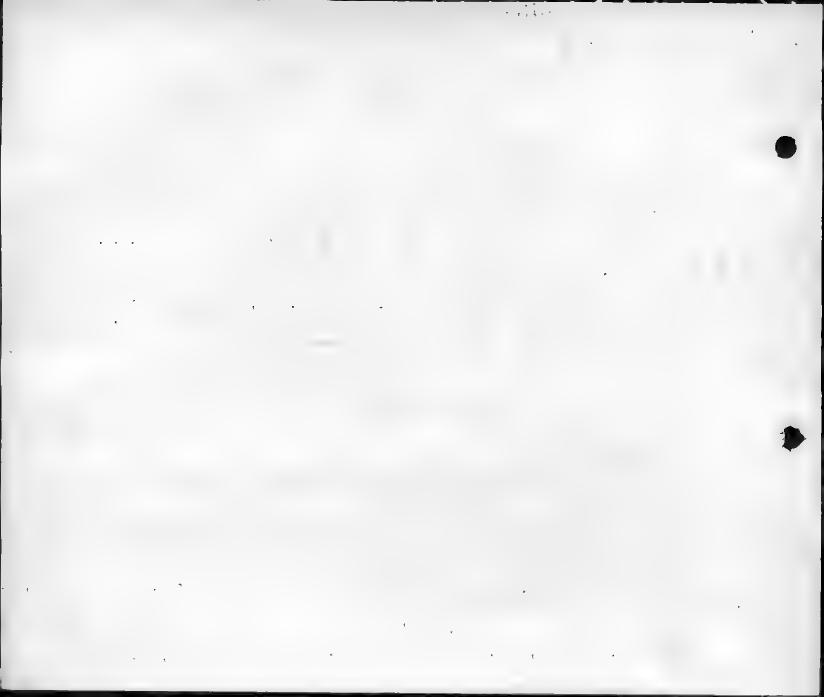


CERTIFICATE OF DEATH

09281

	9360	CERTIFICA	TE OF DEATH	MOKE I, MAKIEMID	0928	1
PLACE OF DEATH	ONTGOMERY	MARYLAND	2. USU AL RESIDENCE (Who STATE MARY)	ere deceased lived. If institution b. COUNTY	MONT GOMER	
RURAL and give	(If outside corporate limits, we recrest town) PHESDA	ite c LENGTH OF STAY IN 16	11	utside corporate limits write RU ER SPRING	RAL and give nearest I	own)
d NAME OF HOSP OR INSTITUTION	SUBURBAN HOSP	reet oddress)	d STREET ADDRESS	Road	10	RESIDENCE A FARM?
NAME OF DECEASED (Type or print)	INFANT	Middle GIRL	FOY	4 DATE Month OF DEATH AUGUS		Year 19 60
SEX FEMALE	WHITE WID	MARRIED NEVER MARRIED	B DATE OF BIRTH Aug. 15, 19	960 lost birthdoy)	Months Days Ho	
INFANT	fON (G've kind of work done rking life, even if retired)	10b. KIND OF BUSINESS OR INDI NONE	BETHESDA	A, MARYLAND	U.S.A.	AT COÚNTRY
3. FATHER'S NAME WILLIAM	J. FOY		14. MOTHER'S MAIDEN N	H ANN MESS		
IS WAS DECEASED EV (Yes, no or unknown)	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	10,300110 200011111111111111111111111111111	Milliam J. Fo	oy, 152 Colony		
Conditions, if gove rise to couse (o), stoting lying couse lost Part 1 O	immediate DUE TO	ONS CONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	PE	AS AUTOPS REORMED?
U (IF EITHER, NOTIF	/AS UNDERLYING [] 20b G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED (Enter nature of injury in F	Port f or Port II of Item 18.)	,,,,,	
ZOC TIME OF NULL	10		LACE OF INJURY (Home, form octory, street, office bldg., etc.		(County)	(Stot
		tended the deceased from		,.to		
saw the decer	enfect B2	tamorel	M.D. ATTENDING MI		on the date sta	22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type,	HERBERT H. I	DIAMOND	22d. ADDRESS 911 SIL	VER SPRING AVE.		PRING
230 BUR AL, CREMATI REMOVA (Spec F BUR LAL	ON, 236 DATE THEREOF 8/17/60	ST. JOHN'S		23d LOCATION (City town, of MONT GOMERY COL	NTY, MARYI	AND_
24 FUNERA, DIRECTO WARNER E	PUMPHREY IN	C. SILVER SPRI			tran's signature	

TO HOSPITAL OR ATTENDING PHYSICIAN: We require the strength of the interpretation of completely filled in by the fundage section of the strength of the streng



aw requires that the death certificate be executed within 24

TO HOSPITAL OR ATTENDING PHYSICIAN

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09282

		ACE OF DEATH COUNTY	MONTGOM	ERY		MAR	YLAND		RESIDENCE (MONTGO		ion)
		CITY OR TOWN		rote l mits wr	ite c LENC	OTH OF STAY	1N 15	c CITY	OR TOWN (If outside corpo	prote limits,	write RL	JRAL ond give n	earest fawr	1)
		RURAL and give	neorest town) /ER SPRI	NG	sino	e 11/2	21/59	14	SILVE	R SPRIN	I G				
	d.	NAME OF HOSE OR INSTITUTION	TAL (If not in he					d "STR	EET ADDRESS					e is RES	IDENCE FARM?
4		ALI	CHEA-WOO	DLAND 1	NURSING	G HOME		814	ROWEN	ROAD					NO 🔼
		AME OF		First		Middle	3		Last	4. DATE OF		Mant	th I	Day	Yeor
		ype or print)		EMMA		ART	H	FREC	H	DEATH		AUC	-		1960
	S. SE	Х	6 COLOR O	R RACE 7 N	AARRIED 🔲 N	NEVER MARR		DATE OF			9 AGE (I	n years thdoy)	Months Days		ER 24 HRS Min
	FE	MALE	WHIT	E wid	OWED 📉	DIVORCI	ED 🔲 🗼	10/2/	78		81	yrs.			
	10a l	USUAL OCCUPATION of we	TION (Give kind	of work done	106, KIND OF	BUSINESS	OR INDUS						12.C T ZEN		COUNTRY?
1		OMĚMAKER			OWN	HOME		W	ashing	ton, D.	,C.		U.S	-Λ-	
-	13. FA	ATHER'S NAME						14. MOT	HER'S MAIDEN	NAME					
1	Ch	ristophe	er Arth					Kath	erine .	Adam					
	15. W	VAS DECEASEDE			16 SOCIAL	SECURITY NO	., .,	FORMANT				Addr			
	no		(if you, give via o		NON	E	Mrs	. Mar	ie F.	Hopkins					
	-1	B. CAUSE OF D	EATH [Enter on	ly one couse p	er line for (o)	(b) and (c)	-]	1	1	Silv	ver S	prin	Md . IN	TERVAL BE	
		PART I. D	EATH WAS CAUS	SED BY. CAUSE (o)	1/2	200	Ne	no	mel	emo	nh	2_		1 d	Al.
		4 46	X	DUE TO		11								11.	1
		Conditions, if	any, which	(b)		W	les	201	R				^	700	UK
	Н	gave rise to couse (o), statin	,	DUE TO	,	1/1/2	11		//.	2	-			12	
		lying couse las		(c)		1 ll	an	no	000	702	20		lat	01	200
	NO N	PART II. C	THER SIGNIFICA	INT COND TO	NS CONTRIB	UTING TO DE	EATH BUT	NOT RELAT	ED TO THE TE	RMINAL DISEAS	SE CONDIT	ION GIV	EN IN PART 1(0)	19. WAS	AUTOPSY DRMED?
	FICATION				YW	THE	notificate the same of the sam							YES [NO
	1 2 8	200 ACC DENT \	WAS UNDERLYIN	DEATH	DESCRIBE HO	OW INJURY O	OCCURRED), (Enter no	ture of injury	in Part Lot Po	rt II of iten	18)			
	2 (IF EITHER, NOTI	FY MEDICAL EXA	MINER)											
	MEDICAL	Hour o. m			od. INJURY C				URY (Home for office bldg.,	orm, 20f. (Cil etc.) !	ly or fown)		(Count	γ)	(State)
	NE L	р. п		19 of	/hile No work of	work 🔲									
		21, 1 certify if	hat (I) (this h	ospital) of	tended the	depensed	from_	au	Wat.	19.55/10.	an	3/12!	19.60	that (I)	(we) lost
		saw the dece		all harmonic and the second	4st-1719	26.0 and	d that_d	eath of	urred at/L	3-M, From	the cat	ises on	d on the da	te stated	dobaye
		220 SIGNATORE	110 0	610	111	4		ATTE	NIDING	w	CTAGE		/3	1 27	DATE SIGNED
ħ			all	19 10	1111	MEM	1		NDING D	DIRECTOR [STAFF PHYS		8	191	20
1		22c PHYSTE AN ! NAME (Type		n 1	FIV	7	<u>_</u>	22d. /	ADDRESS	11-1	10	~ ~.	Most	1	
			1421	1 X		411	E	<u> </u>	007	<i>P</i> / 4	Cea			140	
,	23a	BURIAL, CREMAT	TION, 23b. DAT	E THEREOF	23c N			R CREMATO			ATION (CIP			(Sta	A NITT
	EN	TOMEMEN'	r' 8/20	/60	CEI	DAR HII	LL CE	METER					COUNTY,		AND
	24.E	ANNER E	PUMPHR	EY. ANO	c. sri	VER SI	PRING	, MD.		EC'D BY REGIS			STRAR'S SIGNAT		
	-	8171 m. 111	11 /1 /4	11180					DATE	AUG 22'	00	بالب	wind D. The	NAME OF THE PERSON OF THE PERS	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 092839361 **CERTIFICATE OF DEATH** Reg. Dist. No. il director. filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)
a. STATE
b. COUNTY a COUNTY MARYLAND death. eral b. CITY OR TOWN (f outside carporale lights, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lawn), RURAL one give nearest forms the fund should d NAME OF HOSPITAL (If not in hospital, give street oddress)
OR HISTOLITION d STREET ADDRESS e. IS RESIDENCE ON A FARM? helomenia YES NO and NAME OF First Middle 4. DATE Month Day Yeor filled DECEASED **OF** Pages (Type or print) DEATH 1960 5 SEX 6. COLOR OR BACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (til years IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours M'n WIDOWED KT DIVORCED T Yrs 10a USUAL OCCUPATION [Give kind of work done] 10b KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of warking life, even if retired) Malwor ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME certificate physicia haurs гетоме 15 WAS DECEASED EVER IN U. S. ARMED FORCES? HE SOCIAL SECURITY NO INFORMANT Address 2 othending edse within CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH 古 PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE [a] **DUE TO** any Conditions, if any, which signed gave tise to immediate DUE TO couse (o), stoting the underlying couse last PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY removal, PERFORMED buriol YES 🖂 NO 20a ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port 11 of item 18.) the (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20e PLACE OF INJURY (Home, form, | 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Slote) factory, street, office bldg., etc.) Hour g. m. While Not while p. m. ot work 🔲 ot work 21. I certify that I attended the deceased from to Chill 1960 that I last saw the deceased detoched and that death accurred at \$2.20 AM, from the causes and an the date stated above. FUNERAL DIRECTOR: ADDRESS (Street city or town, stotal DATE SIGNED ACTUAL SIGNATURE Wheaton Md þ prior shauld Wheaton Md. PHYSICIAN'S Harry J Kichen NAME (Type) ന 720, BURIAL, CREMATION, 226 DATE THEREOF 72c NAME OF CEMETERY OR PREMATORY 22d LOCATION/City, town, for county) (Stote) poge JEMOVAL (Specify) will 0 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246 REGISTRAR'S SIGNATURE 24a REC'D BY REGISTRAR VS A15 (4) DATE AUG 1 6 160 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

09284

25b REGISTRAR'S SIGNATURE

Children & Krank

250. REC'D BY REGISTRAR

DATE 2 3 '66

	9305	CERTIFICA	TE OF DEATH	MORE I, MARILAND	(13204
	PLACE OF DEATH O. COUNTY MONTGOMERY	MARYLAND	2 USUAL RESIDENCE (Wh	ere deceased sived. If institution b. COUNTY	Residence before admission) Mont
	b CITY OR TOWN (flautsies corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	BeThese	iulside carparote limits, write RUR 14	AL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give strum or institution)		d street Address		e IS RESIDENCE ON A FARM?
	Kensington GALGEN 3 NAME OF FIRST	5 SAN	4710 Mon	190MERY LAN	Ve 1 YES NOX
	3 NAME OF DECEASED (Type or print) Albea	PT 5, (SATLEY	OF DEATH 8	20 1960
1		ARRIED NEVER MARRIED DIVORCED	9 DATE OF BIRTH 70		JNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours Min
	10a. USUAL OCCUPATION (Give kind of work done 1 during most of warking life, even if retired)		STRY 11. BIRTHPLACE (Stole	or foreign country)	12 CITIZEN OF WHAT COUNTRY
1	13. FATHER'S NAME	Banking	14. MOTHER'S MAIDEN N	IAME	9,0,77,
1	Wm. A. GATIE	24	MAR	y G. Good RI	ch
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown) (If yes, give war ar dates of service)	6. SOCIAL SECURITY NO 17 IN	IFORMANT /	Address	
	No	577-22-4950	Mrs. Lester	Twigg-daught	ter-same 2d
	PART I. DEATH Enter only one cause pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (c)	1 1	ofic Hear	rt Disease	INTERVAL BETWEEN ONSET AND DEATH
	PART II. OTHER SIGNIFICANT CONDIT ON	IS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERMI	nal disease condition given	PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO NO
	OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in I	Part I ar Part II af dem 18)	
	Hour a m Wh	f INJURY OCCURRED 20e PL ole Nat while work at work	ACE OF INJURY (Hame form stary, street affice bidg., etc.	, 20f. (City or town)	(Caunty) (State
	21 I certify that (I) (this haspital) after saw the deceased alive an	ended the deceased fram		42.7a 8/20 M, from the causes and	., 19.60 that (I) (we) last an the date stated above
	200 SIGNATURE	17.	ATTENDING M	ED STAFF PHYS.	225. DATE 8/20/60
	DR PAUL CANTOR		22d ADDRESS 4709 [Mont, Laive, I	Bethesda, Md
	23d BURIAL CREMATION 23b DATE THEREOF	23c NAME OF CEMETERY O		23d LOCATION (City town, or o	* * * * * * * * * * * * * * * * * * * *
	Burial 8/24/60	Rock Creek	Cemeterv	Washington.	D. C.

ADDRESS

Bethesda, Maryland

TO HOSPITAL OR ATTENDING PHYSICIAN:

may be revained by the haspital or offending the figure of the

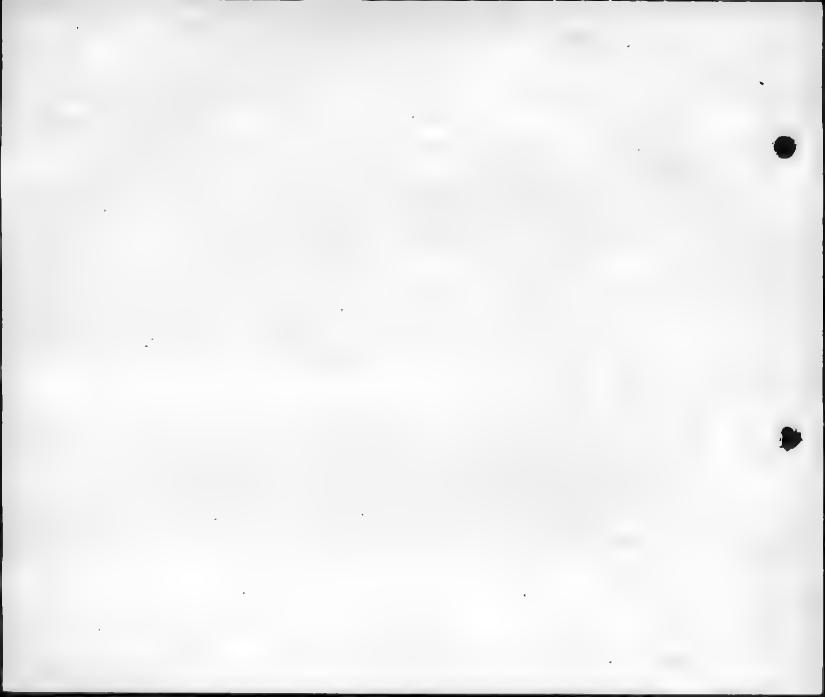
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er death. Page 4 funeral director, be filed

VR A1S (4) 1SM 9/59

24 FUNERAL DIRECTOR'S SIGNATURE

Robert A. Pumphrey

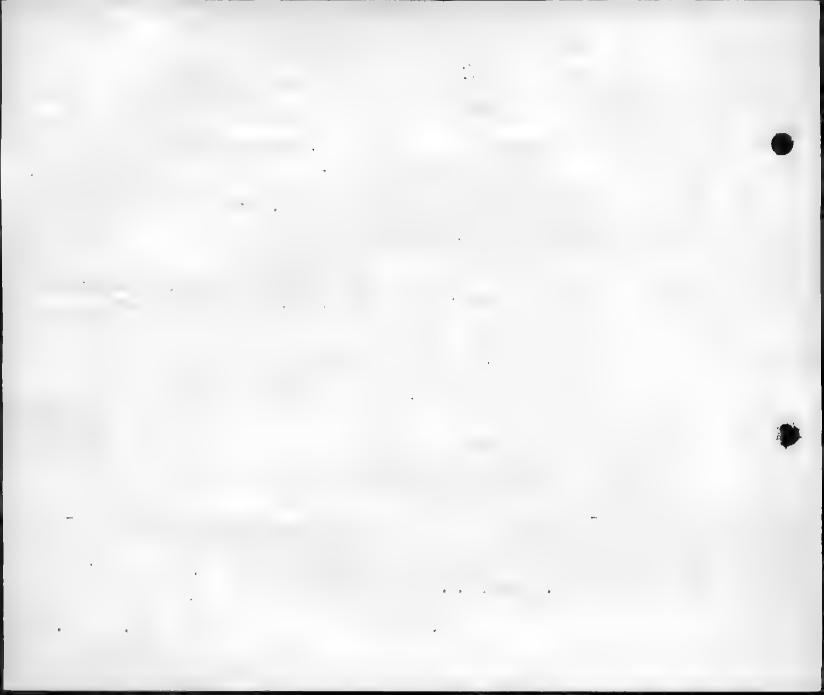


been si has nay be retained by the FUNERAL DIRECTOR:

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MARYLAND STATE DEPARTMENT OF HEALTH

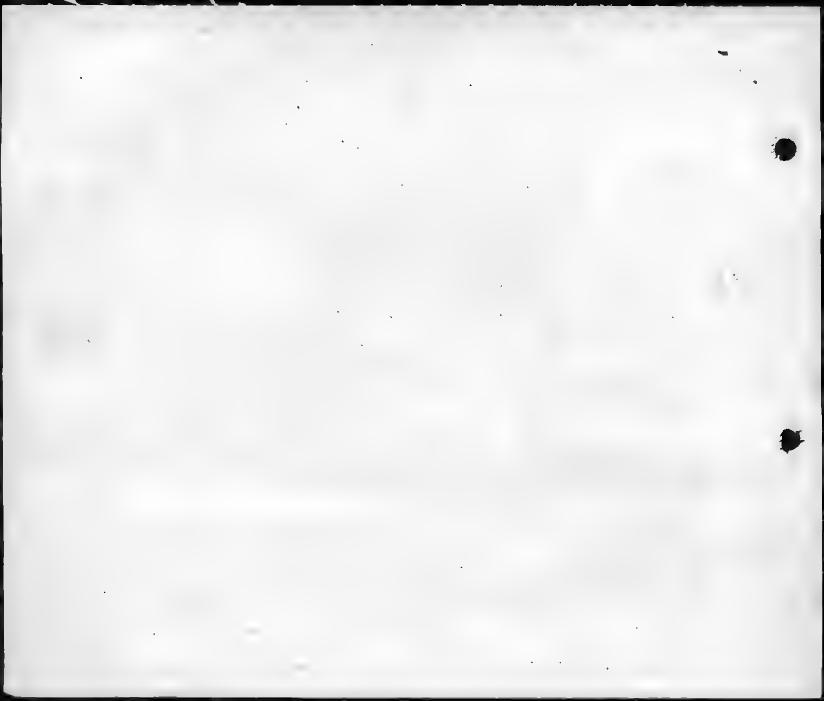
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

09286

		9363 CERTIFICATE OF DEATH
	1, 1	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institut on Residence before admission)
	(b. COUNTY Mont gomeral MARYLAND O. STATE of b. COUNTY- Mont. Co.
/	Ŀ	C TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) C TY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
r	•	d NAME OF HOSPITAL (IF not in hospital, give street address) OR INSTITUTION OR INSTITUTION ON A FARW? YES NO DE
	1	NAME OF DECEASED IType or print) Pirst Middle. Middle. Losty OF DEATH Day Yeor DEATH Death Day Yeor DEATH DEATH DEATH DEATH DEATH DOY Yeor DEATH DEAT
	5. 5	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In yeors FUNDER 1 YEAR IF JNDER 24 HRS lost b rithdow) Months Doys Hours Min USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY) 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY?
	<i>J</i>	52 Les / adestion and 54 least do. Mary land U. J. A
		Hythur JeLashmett Jarak Day's
	15 (Yes	WAS DECEASED EVER IN L S ARMED FORCES? 16 SOC AL SECURITY NO 17 INFORMANT 1 00 or unknown; I'll yet give war or dates of service, 2/3-03-2126 Mamie Alberta 51/2 ance librage
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c)] NTERVAL BETWEEN ONSET AND DEATH
		PART I DEATH WAS CAUSED BY: HOUTE My OC GO deal Infarchion I work
		DUE TO DE TO
		Conditions, if ony, which) (b) HT LENTSCIETELE MARRIERESC. CIRCLES CONSTRUCTIONS
		gove rise to immediate couse (a), stating the under lying couse last. DUE TO
	CERTIFICATION	PANT II. OTHER SIGNIFICANT COND T ONS CONTR BUTING TO DEATH BUT NOT RELATED TO THETERM NAL D SEASE COND T ON GIVEN IN PART I(6) 19 WAS AUTOPSY PERFORMED? YES NO. R.
		200 ACCIDENT WAS UNDERLYING TO 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MFDICAL	20c TIME OF NJURY Month, Doy, Year 20d INJURY OCCURRED Hour o.m. 19 While Not while at work of work of work 19 Not
		21 I certify that (1) (this haspital) attended the deceased from. $8-2c$. 1960, to $8-23-$, 1960, that (1) (we) last sow the deceased alive on $8-23-$ 1960 and that death occurred of 1970, from the causes and on the date stated above
		sow the deceased alive on 3-13-19 60 and that death occurred of 1M, from the causes and on the date stated above 220 S GNATURE TEXT OF THE STAFF B 8-24-60 SIGNED PHYS B RECTOR D PHYS B 8-24-60 SIGNED
		22c. PHYSICIAN'S STEPHEN W. DE TER, M.D. 22d. ADDRESS WILSON LANE, BETHESOA 14, M.
	23a	Burial Cremation, 23b Date thereof 23c Name of Cemetery or Crematory 23d Ocation (City, town, or county) (Stote) Burial Cremation, 23b Date thereof Oak Grove Cemetery Cookesville, Maryland
		FUNERAL D RECTOR'S SIGNATURE A ADDRESS 250 REC'D BY REG STRAR 256 REGISTRAR'S S GNATURE
		Robert And Pumpbrey & Bethesda, Maryland DATE AUG 25'60 Cutting & Kuns

may be retained by the haspital ar attending—"Can.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board at Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death. efter death. Page 4 w requi== that the death certificate Re execu≡d = thin 21 =c TO HOSPITAL OR ATTENDING PHYSICIAN: VR A15 (4) 15M 9/59



VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 9364 CERTIFICATE OF DEATH

09287

	1 PLACE OF DEATH 0. COUNTY		2. USUAL RESIDENCE (When o. STATE	re deceased lived. If institution: Residence b. COUNTY	e before admission)
	MONTGOMERY	MARYLAND	MARYLAN		
	RURAL and give nearest town)	OTH OF STAY IN 16	c. CITY OR TOWN (If our	tside corporate limits, write RURAL and gi	ve nearest town)
2	d. NAME OF HOSPITAL (If not in hospital, give street address)	DAYS	d. STREET ADDRESS	RSBURG	e. IS RESIDENCE
2	OR INSTITUTION				ON A FARM?
	MONTGOMERY GENERAL HOSPITAL		∦ RT. 3		YES NON
	3. NAME OF DECEASED (Type or print) Harring A	Middle		4 DATE Month OF DEATH	Day Year
	HARRI AL		DATE OF BIRTH	AUGUST	1 1960
	The state of the s	DE LOS CONTRACTOR CONT		lost birthday) Months	Days Hours Min
	MALE WHITE WIDOWED		JULY 1886	74 yrs.	
	10a. USUAL OCCUPATION (Give kind of work done 10b, KIND Of during most of working life, even if retired)	BUSINESS OR INDUST	IRY 11. BIRTHPLACE (State of	r foreign country) 12.CITIZ	EN OF WHAT COUNTRY?
- 1	FARMER		MARYLAND	U_	_SA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
И	ALEXANDER GLOYD		FANNIE CLE	MENTS	
Л	IS. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL S	SECURITY NO. 17. IN	FORMANT	Address	
		Hos	PITAL RECORDS	. OLNEY. MARYLA	ND
	18 CAUSE OF DEATH Enter only one couse per ine for (o)				INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	DAL VACCUL	40 40010ENE		ONSET AND DEATH
1		HAL VASCUL	AR ACCIDENT		2 1004
1	DUE TO				
Н	Conditions, if any, which (b)				
	couse (a), stoting the under-				
	lying cause last (c)				
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBL	JTING TO DEATH BUT I	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
	DIABET	TES MELLITU	S 1 YEAR		YES NO
			. (Enter nature of injury in Pa	ort I or Port II of item 18.)	75-
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			,	
	ZOC. TIME OF INJURY Month, Doy, Year 20d. INJURY O Hour a.m. p. m. 19 at work of the control of	f	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town) (Ci	ounty) (Stole)
	p. m. 19 at work and of the	t while work			
	21 I certify that (I) (this haspital) attended the	deceased from	1 10/0	10, 10, 1-1, 196	& that (I) (was last
	saw the deceased alive an 7-30 19				1 1 1 1
	220 SIGNAPORE	May / and that as	earn accurred at 92,250	vi, frame the causes and an the	22b DATE
	Ch A O		ATTENDING MED	STAFF	. SIGNED
	22c PHYSICIAN'S	4 "	D. PHYS DIRE	ECTOR PHYS	8/1/60
	NAME (Type) FRANK J. BROSCHART	. м п		enue Manua aus	
	WRANK O. DROSCHARI	, M. U.	GAITHER	SBURG, MARYLAND	
	23a BURIAL, CREMATION, 23b DATE THEREOF 23c N.	AME OF CEMETORY OR	CREMATORY 2	23d LOCATION (Pity, town, or county)	(State)
	Buren 1	the pros		July me vo The fla	
		DRESS		BY REGISTRAR'S SIG	
	Everial & facture	ford ne	DATE AUG	3 '60 Cirelin S. 1	Turk



DANZANSKY &SONS - 3501-141354 NW

24b. REGISTRAR'S SIGNATURE

Orthur S. Kraus

24g, REC'D BY REGISTRAR

DATE ALLG 1 9 '60

0 VE A15 (4) TSM 9/SB

23 FUNERAL DIRECTOR'S SIGNATURE

HOSPITAL

50

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

09990

	9368 CERTIFICATE OF DEATH	O .7
Λ	PLACE OF DEATH a COUNTY A COUN	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give near RURAL and give nearest town) Bethesda C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bothesda One of the state of th	rest fown)
4.	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Suburban Box 270	ON A FARMY YES NO
	3. NAME OF DECEASED (Type or print) Ronnis E. Graham 4. DATE OF DEATH Aur. 22	7 Year 19 60
	5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 1 B DATE OF BIRTH 19 AGE (n years lest birthday) Nonths Days 2 yrs 1 FUNDER 1 YEAR Nonths Days	Hours Min.
	during most of working life, even if returned) "arylanc" U.S.	WHAT COUNTRY?
	14 MOTHER'S MAIDEN NAME	
	Rennis E. Graham Alene Breeden	
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no. or unknown) (If yes, give wor or doles of service) Reinis E. iraham/ Father As 2	
	PART 1. DEATH WAS CAUSE (a) total hemonohage DUE TO Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last. (c) Part II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 160] 1 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH UTILITY ABOUT A CONTRIBUTING COURSED. (Enter nature of injury in Port I or Part II of Item 18) UTILITY THE CONTRIBUTING CAUSE OF DEATH UTILITY THE CONTRIBUTING CONTRIBUTING COURSED. (Enter nature of injury in Port I or Part II of Item 18) UTILITY THE CONTRIBUTING COURSED.	P WAS AUTOPSY PERFORMED?
	20a ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18) 30b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18) 31c	(Stote)
	21 I certify that (I) (this hospital) attended the deceased from 3000 19, to 32 2/60 19, the saw the deceased olive an 32 2 4 19 60 and that death occurred atM, from the causes and on the date 220 SIGNATURE 220 SIGNATURE ATTENDING MED DIRECTOR STAFF PHYS 220 PHYS CIAN'S NAME (Type) 121 I certify that (I) (this hospital) attended the deceased from 3000 19, the saw that death occurred atM, from the causes and on the date 200 SIGNATURE 220 SIGNATURE 221 I certify that (I) (this hospital) attended the deceased from 3000 19, the saw that death occurred atM, from the causes and on the date 200 SIGNATURE 220 SIGNATURE 221 I certify that (I) (this hospital) attended the deceased from 3000 19, the saw that death occurred atM, from the causes and on the date 200 SIGNATURE 220 ADDRESS NAME (Type) 121 I certify that (I) (this hospital) attended the deceased from 3000 19, the saw that death occurred atM, from the causes and on the date 200 SIGNATURE 220 ADDRESS 120 ADDRESS 1	
	230 BURIAL CREMATION. 236. DATE THEREOF 23c-NAME OF CEMETERY OF CREMATORY 23d LOCATION [City Jown, or county] PEROVA. Reperty! 8-25-60 ferroquite papers for the property of	y

may be revained by the hospital ar attending the strength of the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remare carbon papers Rages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, or remaral, and in any event, within 72 hours after death. aw requires that the death certificate be executed within 24 hg. Fsician, TO HOSPITAL OR ATTENDING BHYTHCIAM: VR A15 (4) 15M 9/59

after death Page 4



MARYLAND STATE DEPARTMENT OF HEALTH

ORE 1, MARYLAND

		DIVISION	OF	STATISTICAL	RESEARCH	AND	RECOR	DS —	BALTIN
)	3	67		CEF	RTIFICA	ATE	OF	DEA	HTA

09290

	1. PLACE OF DEATH o. COUNTY Montgome	ry		MARYL	- 11 .	USUAL RESID		nere deceased	lived If ins 6 COU		n Residei	ice befor	e adm ss	or)
	b. CITY OR TOWN (II RURAL and give ne	Foutside corporate limits arest town)	s, write	c LENGTH OF STAY IN	4 1b	CITY OR T	OWN (If o	outside corpo	rote l'mits, wi	rite RU	RAL and	g've ned	rest fown)
	Bethesda	(Rural)		27 Days		Bethesda								
	OR INSTITUTION	AL (if not in haspital, gi	ve street	address}		d STREET AS						· •	S RES	FARM?
I		l Hospital				9209	Cedei	rcrest					YES	NO X
	3 NAME OF DECEASED	First	t	Middle		Lost		4. DATE OF		Monti		Do:)		Year
	(Type or print)	Marie	7	Adelaide		HAMILIT		DEATH		440	ust	10		960 R 24 HRS
	S SEX			NEVER MARRIED		ATE OF BIRTH			9 AGE (In y last birthd	oy)	Months	Doys	Hours	Min
	Female	Caucasian			_	12-7				угѕ	10.00	1701105	MANATO	OUNTRY?
	during most of work	ing life, even if refired)	one IUS.	KIND OF BUSINESS OR	INDUSTRE				ountry)		12 ÇII			OUNTRY
	Housewite 13. FATHER'S NAME	114	M.I. MOTHER'S	chiga					U.	S.A.				
	1	GATT A COURTS			1.7									
	Charles 18. WAS DECEASED EVE	GALLASSERC		SOCIAL SECURITY NO	17 INFOR		nknov	(II		Addre	HIS			
	(Yes, no, or unknown)	If yes, give war or dates of ser		Unknown		avv Re	aande							
	NO In Calife Of Dea	TH [Enter only one cou	na ana lis		140	TAN INC	COLUE	,				LIMITE	RVAL BE	TWEEN
		TH WAS CAUSED BY:	//	144 4- 11	-01	- al-	7,		4 - 44	10	-		ET AND	
	~1	IMMEDIATE CAUSE (o)	-/-	Jo Caran	as_L	my are	eno	711	acu	4		13	Q-CA	-ACLOS
	Conditions, if or	8 ()	1.	tonson	to	11.	-4	- Me	0-1-0			11	Tre	811
	gove rise to in	gove rise to immediate couse (a), stating the under-												
	lying couse last.	me under-												
	Z PART 1 OTH	, (*)	OITÍONS S	CONTR BUTING TO DEAT	то́и тсв <u>н</u>	RELATED TO	THETERM	INAL DISEASI	COND TION	4 GIVE	N IN PAI	RT 1(a) 15		
	5 Pr	abetes m	ell	itus, 1	node	rat	ely	adr	anc	ad			YES YES	NO [
1	(IF EITHER, NOTIFY	S UNDERLYING [] : CAUSE OF DEATH MEDICAL EXAMINER)	20 6. DES	CRIBE HOW INJURY OC	CURRED (E	nter noture of	injury in	Port I or Port	II of stem 18	1)			•	
	20c TIME OF INJUR	Y Month, Day, Yea	r 20d II While		Oe. PLACE (OF INJURY (I	tome, form	1, 20f (City	ar town)		(County)		(Stote)
	₽. m.	19	of wor	k at work										
	21 I certify tha	t (1) (this haspital)	attend	led the deceased f	ram. 7-	14-	19	60 ta 8	3-10		1961	0th	at (I) (we) last
		ed alive on 8 <u>-</u> 10		1960 , and t			at 11;	55PM	the cause	s and				
	220 SIGNATURE	1200	011	-00		ATTENDING	1 44	EO.	STAGE				221	DATE SIGNED
1		FRA	Low	ucce	M.D	PHYS	□ Di	RECTOR	PHYS.		8-11	60		
	22c PHYSICIAN'S (NAME (Type)		DTT	TO NO UC	ir.	22d ADDRE		.) U.o.	ndhal	Do	ممطخ	alo M		
		r. S. CALDWI	-	LT, MC, US			Mervs		pital,					
	23a. BURIAL, CREMATIO REMOVAL (Specify)		/ -	23c NAME OF CEMET	ERY OR CR	EMATORY			ION (City, to	_			(Stat	e)
	Burial	8-13-	00	Catholic			05	1 -	tumwa,			Chlatur	0.5	
	R. A. PUMP		en	Ave., Bethes	de Md			D BY REGIST		_	TRAR'S SI			
	A. A. FUME	בות וללולדית	1041	MAG.) De CHES	اللايا و الماليا		DATE A	UG 15"	UV.	_Ctr	Thung 2	the	44	

may be revained by the haspital ar attending signed by the attending physicion and campletely filled in by the funeral director.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physicion and campletely filled in by the funeral director. Pages 1 and 2 shauld be filled with the State Board of Health prior to buriol, cremotion, ar remayol, and in any west, within 72 hours after depth. law requires that the death certificate be executed within 24 hy TO HOSPITAL OR ATTENDING PHYSICIANS.

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VR A15 (4) 1SM 9/S9



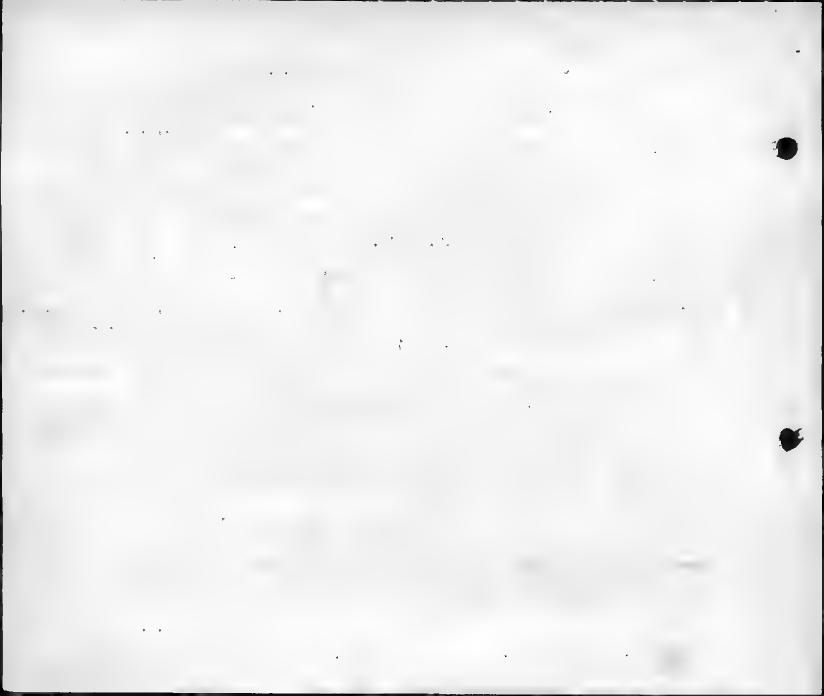
09291

9273 CERTIFICA	ATE OF DEATH
1 PLACE OF DEATH COUNTY MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If natitution: Residence before admission) o. STATE b. COUNTY
b CITY OR TOWN (If outside corporate I mits yer te RURAL and give nearest town)	c CITY OR TOWN (If outside corporate_limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS 6640 32nd St., N.W. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Last 4. DATE Month Day Yeor OF DEATH 7 - 196
5 SEX 6 COLOR OR RACE MARRIED MEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) yrs yrs
10a USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired) U.S. Gov*t	
13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME) (CITALLE SILLE)
(Yes, na, or unknown) NO (If yes, give war or dates of service)	Address XXXXXXXX Mrs. Doris Masters, 6640 32nd St., N.
gave rise to immediate course (a), stating the under- ying cause lost (et BROW CITO PM	
2 Cerepronise (000-113	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO [
\$ 20c TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. P	PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) (actory, street, affice bldg., etc.)
21 I certify that (I) (this haspital) attended the deceased from saw the deceased above an Charles 1900, and that 220 SIGNATURE (Type)	Death accurred at JM, from the causes and an the date stated above ATTENDING MED DIRECTOR STAFF COMPANY SIGNED 22d ADDRESS 22d ADDRESS
23a BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OF SLENTOOD C	ETERY WASHINGTON, TO.
24 FUNESAL DIRECTOR'S SIGNATURE JAN STIVER OPRIN	250 REC'D BY REGISTRAR 256 REG STRAR'S SIGNATURE Colling & Thomas

ofter death. Page 4 may be related by the hispital or attendin.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending paysicial and completely filled in by the funeral director page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remaval and in any event, within 72 hours offer death. w requires that the death certificate be executed within 24 ha TO HOSPITAL OR ATTENDING PHYSICIAN:

VR A15 (4) 15M 9/59

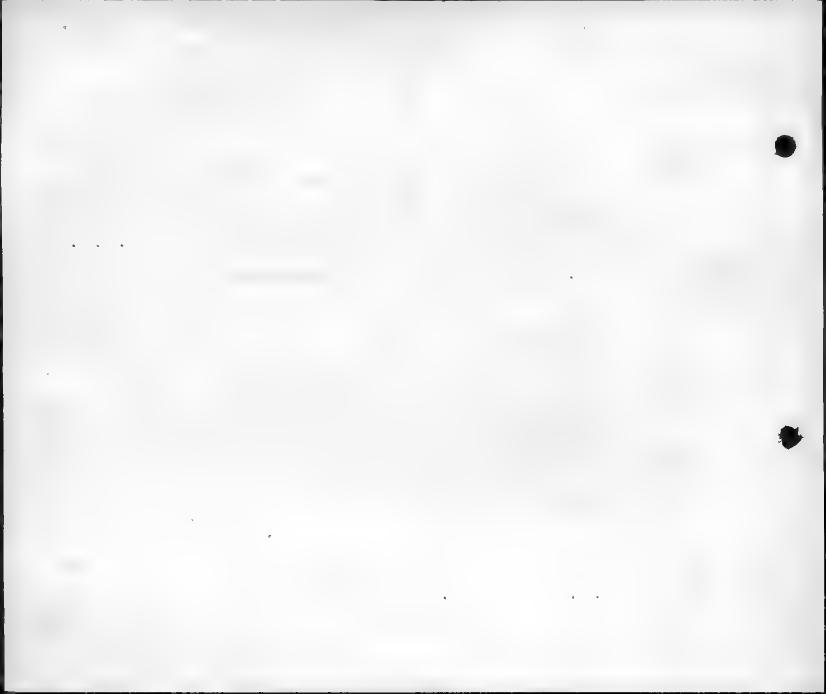


			9368	-	CERTIF	CATE	OF DEATH	1		0	<u>929</u>	2
)	0		OMERY foutside corporate lim arcest town)	ls, write	MARYL c. LENGTH OF STAY II	AND	USUAL RESIDENCE (W. o. STATE MARYLAN CITY OR TOWN (III	D outside corpo	b. COUNTY	MONTGO	MERY	
9	,	OR INSTITUTION	AL (If not in haspita , s		ddress)		BROOKEV BOX 131	ILLE	* *			S RESIDENCE ON A FARM?
	3 N	NAME OF DECEASED Type or print)	Fo E B E N E	st ZER	Middle WANZI		los! HAVILAND	4. DATE OF DEATH	Mon Augi	UST	Day	Year 19 60
	5 SI	MALE USUAL OCCUPATION	6 COLOR OR RACE WHITE ON (Give land of work	WIDOWE	- Indiana		DATE OF BIRTH 1/8/1873 (11, BIRTHPLACE (SION	ar foreign co	9 AGE (In years last birthday) 87 yrs	Months i	Jays H	UNDER 24 HRS ours Min HAT COUNTRY?
7		FARMER FATHER'S NAME	ing life, even if retired)				LAND			S. A	
×	15. \ (Yes.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. 5	OCIAL SECURITY NO	17 INFO	LYDIA HA		Add	ress MARYLA	N.S.	
		Conditions, if a gove rise to i couse (o), stating lying couse lost.	TH WAS CAUSED BY: MMEDIATE CAUSE (c DUE TO My which mmediate the under-	Ur Ne	e for (o), (b), and (c) } emia, phroscles		3 DT RELATED TO THE FERM	MINAL DISEAS	E CONDIT ON GIVE	'EN IN PART	ONSET 1	AL BETWEEN AND DEATH WEEK
		Bro	nchopneur	onia	(termi	inal) Enter nature of injury in				P	ERFORMED?
	MEDICAL	20c, TIME OF INJUR Hour a m p. m.	Y Manth, Doy, Ye	20d IN White of work	Nat while	20e PLACE factor	OF INJURY (Home, far y, street, office bldg., et	m 20f (City c.)	or town)	(Ci	ounty)	(State)
			ed alive on Al	1g. 2			22d. ADDRESS	M, fram		id an the		
1 May 1	23a C. 24 f	BUR A. CREMATIO REMOXA. (Specify) A EMATIO FUNERAL DIRECTOR 2000-12	N, 236 DATE THEREO V AUG 2: S SIGNATURE H BOWL-	- 1	23c NAME OF CEME FOUL S ADDRESS	TERY OR C		23d LOCA	RAR 256 REGI			(Stote)

TO HOSPITAL OR ATTENDING PHYSICIAN:

may be retained by the hospital at attend to sic on.

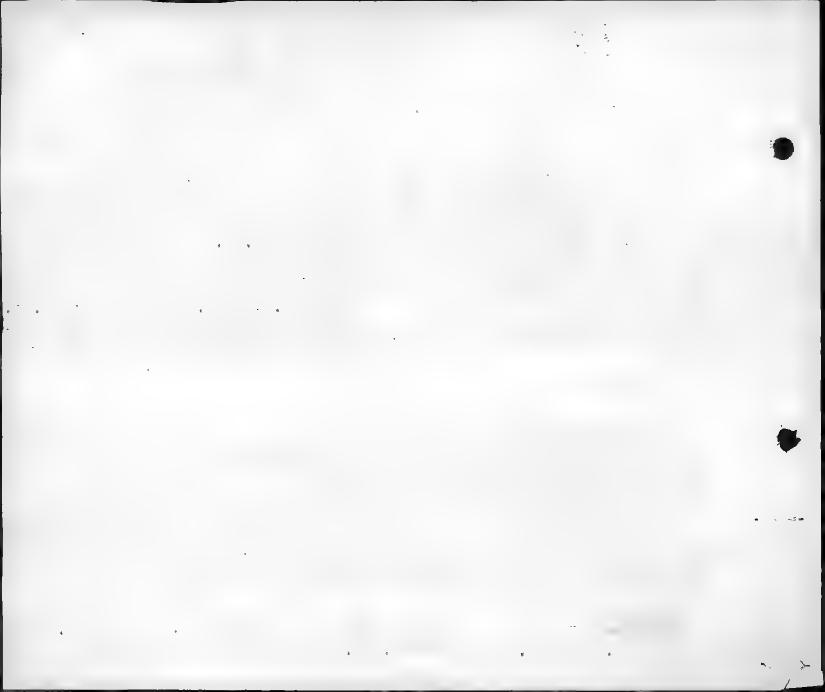
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in 2, the funeral director, page 3 shauld be distanced for use as the burial-transit permit. Then please remaye carbon pagers I and 2 should be filled with the State Board of Hea ith prior to burial, cremation, or remayal, and an asy ment, within 72 hours after death aw requires that the death certificate be executed within 24 has sic on. VR A1S (4) 1SM 9/S9



e exec	and co
cate b	s cian ve car urs of
certif	ng phy e remo 72 han
death	attendi pleos within
hat the	y the Then
vires +	may be retained by the hasp tal or attendirg. Tysician. INDERAL EIRECTER: After this certificate has been signed by the attending physician and copage 3 shauld be detached for use as the burial transit permit. Then please remove carpaba the registrar prior to burial, or removal, and in any elect within 72 haurs offer dea
ow red	rs cian. been si fransit al, and
1	regerial burial remove
ICIAN	ottendi srtif cai as the an, ar
PHYS	tal or this ce or use
NDINGN	e hasp :: After iched fu
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AL OF	NI IIIR Nauld L
OSPIT	UNER/ UNER/ Je 3 sh registr
. TO HOSPITAL OR ATTENDING PHYSICIAN.	may be retained by the hasp toll or ottending yet ys clan. The IUNERAL MIRECTAR: After this cert's cate has been signed by the attending phys clan and control page. 3 should be detached for use as the burial transit permit. Then please remove carbon posts the registrar prior to burial, cremation, or removal, and in any ement within 72 haurs offer deal.
4.3	A15 (4)

↓ 3 A15 (4) ⇒ 15M 9/58

	MARYLAND	STATE DEPARTM	ENT OF HEALTI	H-BALTIMORE, 1							
	9369	CERTIFICA	ATE OF DEAT	H	(19293 Reg. Dist. No.						
1, 1	LACE OF DEATH . COUNTY MON TE	MARYLAND	2. USUAL RESIDENCE (W d. STATE Mary1	here deceased lived. If institution b. COUNTY	n Residence before admission)						
	CITY OR TOWN (f outs de corporate limits, write RURAL and give nearest town) WashingtonGrevo	LENGTH OF STAY IN 16	Waskingt	outside corporate limits, write R.							
	I NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	405 S1x	th Ave	o is residence on a farm? Yes No						
	IAME OF First DECEASED Type or print Rend at a	M dd e	tost	4 DATE Mont							
5. 5	DOI WOME	Sm1th	Real y B DATE OF BIRTH	AUL	IST 1960						
	Female White WIDOWE		Nev 13-188	lost birthday)	Months Days Hours Min						
10a	USJAL OCCUPATION (Give kind of work done 10b	44			12 CITIZEN OF WHAT COUNTRY?						
	during most of working I felleven if retired) Rpuse W1fe		Bradfe	rd.Pa.	USA						
13.	FATHER'S NAME		14 MOTHER'S MAIDEN	NAME							
	Altem Smith		Bell K	inney							
15 (Yes	WAS DECEASED EVER IN U. 5. ARMED FORCES? 16.	SOCIAL SECURITY NO	NFORMANT	Addr	ess						
<u>_</u>	18 CAUSE OF DEATH [Enter only one couse per lin		Norman G.	Healey. Was	hingtonGrove, Md						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACC. Fe CEPC 12 GP y Thrombosis Minutes Conditions if any, which gave rise to immediate cause (a), stating the under- lying cause lost PART I. DEATH WAS CAUSED BY: (b) Arterio sclerofic Heart Disease 5 years (c) DUE TO (c)										
CERTIFICATION	PART 1. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION G VEN N PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO BLOWN OF THE PROPERTY OF THE										
	200 ACCIDENT WAS UNDERLYING 206 DESC OR CONTRIBUTING 204 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D (Enter nature of in cry in	Part I or Part II of item 18)							
MED CAL	20c. TIME OF INJURY Month, Day, Year 20d. In Mour o, m. 19 White at work	Not while fat	ACE OF INJURY (Home, forsctory, street, office bldg., etc.		(County) (State)						
	21. I certify that I attended the decease	ed from	. 19.5° 5, 10	9 ug. 1 1964	that I last saw the deceased						
	alive an July 10, 196	\mathcal{Q} , and that death	accurred at	M, from the causes and	d on the date stated above.						
	ACTUAL Jack Schu	unache	N 105	ADDRESS (Street, city or town,	Aue . 8 - Z -						
	PHYSICIAN'S Jack Sch	umache	v Gal	thersbur	3, Md. 60						
220	BUR AL, CREMATION, 226, DATE THEREOF	22c. NAME OF CEMETERY O		22d LOCATION (City town, o							
22	CPORATION O-4- 9U	Ferest La	7	Pertland.	NY.						
	rnest C. Gartner. Ga	ithersburg.	M d DATE		Lua 2 House						



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

09994

	0 17 1	***	CERTIFICA	IE OI DEATH		0.0%03			
1	PLACE OF DEATH	omery	MARYLAND	2. USUAL RESIDENCE (WHO IS STATE Maryla	ere deceased lived if institutions b. COUNTY	Residence before admission) ontgomery			
	Bethesda	de corporate limits, write	c. LENGTH OF STAY IN 16 3 hours	c. CITY OR TOWN (IF o	utside corporate limits, write RUR				
*	d NAME OF HOSPITAL (IF OR INSTITUTION SUBURD	ent so hasp tol give street an Hospital	oddress)	d STREET ADDRESS 4101 Glenrose St.					
	3 NAME OF DECEASED (Type or print)	Abher	Middle F.	Hill	4 DATE Month OF DEATH Aug.	Day Yeor 4, 1960			
		olor of race 7. MARR hite WIDOWE	ED DIYORCED	Nov. 12, 19	and heath to a	HOURS 1 YEAR IF UNDER 24 HRS Mogths Day2 Hours Min			
	Office Mana	re Kind of work dane 10b. fe, even if ret red) Re Re	kind of Business or Indu	New Ham	pshire	12. CITIZEN OF WHAT COUNTRY?			
	13. FATHER'S NAME Maki	ยสาว		14. MOTHER'S MAIDEN N					
	15. WAS DECEASED EVER IN U	give war or dates of service)	SOCIAL SECURITY NO. 17 10	NFORMANT	known Addres				
	PART I DEATH W	DUE TO (b)	Myseards	sei sei	ulin	Waluan Ululuan			
	SATION				NAL DISEASE CONDITION GIVEN	Y IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO			
	200 ACCIDENT WAS UN OR CONTRIBUTING C (IF EITHER, NOTIFY MEDI	AUSE OF DEATH CAL EXAMINER)	CRIBE HOW INJURY OCCURRE						
	Z 20c TIME OF INJURY M	While		ACE OF INJURY (Hame, farm clory, street, office bldg., etc.		(Caunty) (State)			
A	sow the decreased of 220 SIGNATURE 220 PHYSICIAN'S NAME (Type)	olive om Afrig 4 Limpe De or ge	Ided the deceased from. 1960, and that a	death Socurred at 4/A	M, from the causes and ED TOR STAFF RECTOR PHYS	on the date stated above Accy (96) Kensinghun M			
	REMOVAL (Spec fy)	36 DATE THEREOF	Arlington	Nat. Cem.	23d LOCATION (C ty town or Arlington.	Virginia			
	24 FUNE ROBE	RT A PUMPI	HREY, Bethes	da, nu		RAR'S SIGNATURE Thus & Krose			
	- U	- Of 1 1 100 and	WING SI		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7,000			

TO HOSPITAL OR ATTENDING PHYSICIAN Claw requires that the death certificate be executed within 24 hors, after death. Page 4 may be retained by the haspital ar attend. The formal process of the process of the function of the formal process. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remay carbo papers. Pages I and 2 should be the State Board of Health pract to burial, ar remayal, and in any event, sithin 22 hours after death.

VR A15 (4) 15M 9/59



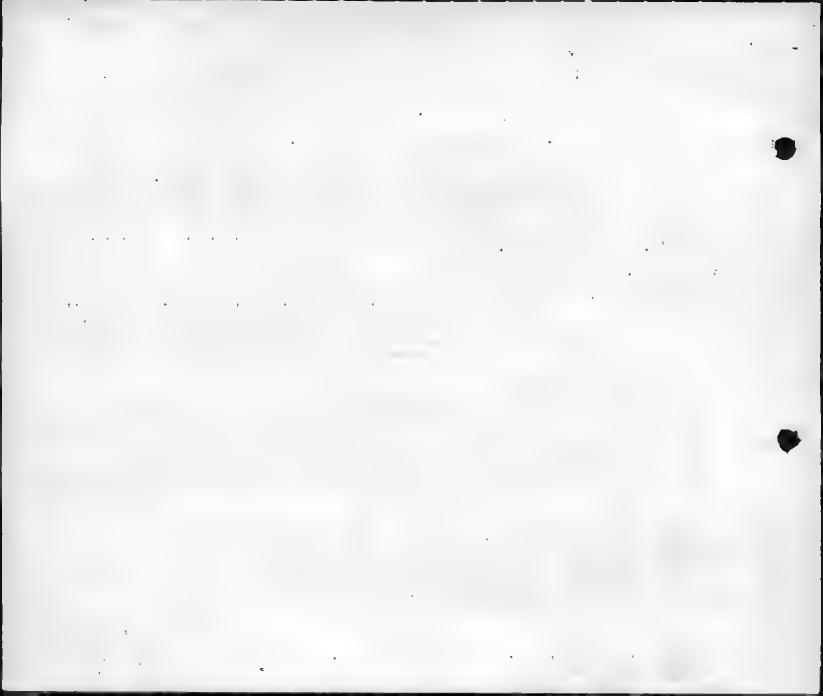
VR A15 (4) 15M 9/59 9251 DIVIS

MARYLAND STATE DEPARTMENT OF HEALTH VISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAN

CERTIFICATE OF DEATH

09295

				_								
1. PLACE OF DEATH G COUNTY MO	NTGOMERY		MARYLA	UND	2. USUAL RESIDER O STATE	MARY)		b COUNT	ian. Resider MONT	GOME	e admiss	sian)
b CITY OR TOWN (RURAL and give n	If aviside carparate imils, earest tawn)	, write	23 yrs.	11Ь	7 /		ì	rate limits, write	RURAL and	give nea	rest town	3)
A NAME OF HOSPI	SPRING TAL (If not in haspital, given 19625 Mt. Pi:	sgah	addenss)		d. STREET ADD	RESS	ER SPE				ON A	FARM?
3. NAME OF	First		Middle		Lost		4. DATE	Ma	nth	Day	,	Year
(Type or print)	MELISSA	A	RUSSELL		HILL		OF DEATH	AUG	3.	13		19 60
S SEX FEMALE	T.7337 7993	⁷ MARRI WIDOWE	D DIVORCED		3/11/06			9 AGE (In years last birthday) 54 yrs	Manths	Days	Haurs	Min
Houtemarke & wor	ON (Give kind af wark don't ng ife, even if retired) Executive D				BRY	SON O	CETY,			S.A.		OUNTRY
/	ER IN U. S ARMED FORCE	E\$2 14 4	SOCIAL SECURITY NO	17 IN	FORMANT	JOM	20	Ad	dress			
	(If yes, give war ar dates of sen	vice]	e s		WILLIAM	0. I	HILL,		Pisg			
Canditions, it of gave rise to it cause (a), staling lying cause last.	immediate DUE TO		ONTRIBUTING TO DEAT	H BUT	NOT RELATED TO TI	HE TERMI	NALD SEAS	E COND TION G	VEN (N PA)	RT 1(a) 1	P WAS PERFC YES □	DRMED?
G (IF EITHER, NOTIFY	AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	70b DESC	CRIBE HOW INJURY OCC	CURREC	(Enter nature of ii	njury in f	Part Lat Par	I (I of item 1B)				
ZOC. TIME OF INJUING Have a.m.	RY Manth, Day, Year 19	While	Nat while at wark		CE OF INJURY (Ha lary, street, office b			ar tawn)	(Caunty)		(State
	at (1) (this haspital) used alive an Occ					1/29	M, from		3, 194 ind on th			
220. SIGNATURE	lip 6	30	nes,	ı			D RECTOR	STAFF PHYS	18/	13	60	SIGNED
22c. PHYSICIAN'S NAME (Type)	Phily	p.	E. Johe	25	Sil Sil	y18	Cle	spross	n N	me	1	
23a BUR AL, CREMAT (REMOVAL (Specify PURIAL	8/16/60		PARKLAWN (TERY				ar caunty)		(Sta	
24 FUNERAL DIRECTOR	S SIGNATURE UNTHERY LINC	J.	SILVER SPI	RING			BY REGIST		SISTRAR'S S	1.4		



9271

the funeral director,

may be retained by the haspital or attend.

THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled page 3 shall do be detached for use as the bunal-transit permit. Then please remave carbon papers. Pages 1 and 8 state Board of Health prior to bunal, crematian, at remaval, and in any event, within 72 haurs after death.

h/I

after death Page

law requires that the death certificate be executed within 24

TO HOSPITAL OR ATTENDING PHYSICIAN.

VR A15 (A)

16000

	- U	() 1 3.		GERTINIC	7711	91 01						
	PLACE OF DEATH a. COUNTY			_	11	JSUAL RESIDE	NCE (Wh	ere deceased live	l If institution	n Residence	before ad	mission)
		gomery		MARYLAN	ID	Maryland Montgomery						V
	b. CTY OR TOWN (If RURAL and give ne		ts, write	c. LENGTH OF STAY IN	Ь	CITY OR TO	WN (If o	utside carporote l	mils, write RU	RAL and giv	re nearest	lown)
	Olney	orest town)		15 hrs.58	min .	Derw	boo		17			
	OR NSTITLT ON	AL (If not in hospital, g	jive street (d STREET AD		42				RESIDENCE N A FARM?
	Montgome	ry Gener	al H	<u>ospital</u>		Greg	g Ro	pad	3		YES	NO D
-	NAME OF DECEASED	Fir	si	Midd.e		Lost		4. DATE OF DEATH	Manti	1	Day	Year
	(Type or print)		am	Charl			stor		Augus		28 VEAR 511	1960 NDER 24 HR
,	SEX	6 COLOR OR RACE		IED NEVER MARRIED	本 _	TE OF BIRTH	27	ln	GE (n years)			urs Min
_	Male	White	WIDOWE		-	ugust		1960	yrs		1	5 55
100	a. USUAL OCCUPATIO during most af wark	N (G ve kind af wark ing life, even if retired	dane 10b.	KIND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLA	CE (Slate :	or fareign country)	112 CITIZE	EN OF WH	AT COUNTRY
						Mar	ylar	ıd		U.	S. A	
13.	FATHER'S NAME				14	. MOTHER'S A	AAIDEN N	AME				
'	William	Estel Ho	lsto	n		Doris	Ela	ine_Gr	eaa			
	WAS DECEASED EVER	IN U. S. ARMED FOR	CE57 16		7, INFOR				Addre	555		
[Ye	ns. No unknown)	If yes, give war or dates of s	ervice)	None	Y	Menit	a 1 10	ecords				
_	THE CAUSE OF DEA	TW [Fates only one or	Lucian mar lin	e for (o), (b), and (c).		DODELC	CL.L.	(ecorras			INTERVA	L BETWEEN
		TH WAS CAUSED BY	iose per ili	12 . 4	1						ONSET A	ND DEATH
	7	IMMEDIATE CAUSE (Trelector	2						16	des
	165 .	DUE TO	_	3 15-		C						
	Canditions, if or) 1/-	remoturity	- (3 Ma.	- F	1661	507			
	gave rise to in couse (a), stating t	nmediate (Ĵ	,				9			
	lying cause last.	(c	1									
NO	PART II OTH	ER SIGNIFICANT CON	DITIONS C	ONTR BUTING TO DEATH	SUT NOT	RELATED TO	HE TERM!	NAL DISEASE CO	NDIT ON GIVE	N IN PART	1(a) 19 W	AS AUTOPS
CERTIFICATION												NO I
TEE	200 ACCIDENT WA	S UNDERLYING []	20b. DES	TRIBE HOW INJURY OCCU	RRED (Er	iter nature of	injury in F	ort I ar Part II at	item (B.)			
CER	(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
(A)	20c. TIME OF NJUR	' Manth, Doy, Ye	ar 20a. B	USURY OCCURRED 20e	. PLACE	OF INJURY (H	ome, form	, 20f (City or to	iwn)	/Co	iunty)	(Stot
MED (Hour a.m.	19	While	Nat while		street, affice l			,	,		,
Z	p. m.		at war		91.	-01/		0/	207			_
	21 I certify tha	t (1) (this hospita	l) attend	ed the deceased fro			1/0	ta 8/	-8			l) (we) la
	saw the deceas	ed alive on_31	28/	19 <u>60</u> , and the	at death	n accurred	a16 A	M, fram the	causes and	d on the	date sta	ted above
	22a, SIGNATURE	se .		1			/					22b. DATE
		1 Dom	70	- W	MD	ATTENDING PHYS	D ME	RECTOR P	AFF		8/29	8/60
	22c PHYSICIAN'S		/)			22d ADDRES	S					
	NAME (Type)	A.D.Bon	ifan	E . M.DI			Sa	andy_Sp	ring,	Mary	land	
23	a BURIAL, CREMAT O		-	23c NAME OF CEMETER	Y OR CR	EMATORY		23d LOCATION				(State)
	PBW+18C1(y)		1960	Burtonsv				Burton		,,	3.5 **	,
24	FUNERAL DIRECTOR	0		ADDRESS			2So REC'I	D BY REG STRAR		TRAR'S SIG	MATURE	•
	a vidio	(5) ()	5.0	evtonevil	Le			3 1 '60		11 - 9	4.00	



requires that the deoth certificate

ffer death. Page

CERTIFICATION

MARYLANI	STATE	DEF	PARTMENT	T OF	HEALTH
N OF STATISTICA	L RESEARCH	AND	RECORDS -	BALTIN	ORE 1, MAR

9372	CERTIFICAL	ATE OF DEATH			9297
1. PLACE OF DEATH d. COUNTY Montgomery		2. USUAL RESIDENCE (W o. STATE BRUTTSH VI		COUNTY	ace before admission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside corporate lim	its, write RURAL and	give nearest town)
Bethesda (Rural)	1 day	SANTIAGO.	CUBA		15x-1
d NAME OF HOSPITAL (If not in hospital give street OR INSTITUTION	oddress)	d. STREET ADDRESS	MBASSY		e IS RES DENCE ON A FARM?
U.S. Naval Hospital		DUTITION D	MDA551		YES NO
3 NAME OF DECEASED (Type or print) Neil	Moddle (n)	HONE	4. DATE OF DEATH	Month August	0ay Year 10 160
	RIED NEVER MARRIED	B. DATE OF BIRTH	9 NG8	(In years IF UNDER	Days Hours Min
Male Caucasian wipowi		9-18-84	7.	475 yrs	
10c. USUAL OCCUPATION (Give kind of wark done 10b. during most of working life, even if retired) British Vice Consul	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote	or foreign country)	12.CIT	ZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME		
Daniel HONE		Ester E	LLIS		
WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17.	INFORMANT		Address	
	None	Navy Records			
cause (a), stating the under-	ne for (o), (b), and (c).)	al Moto	stas1	s	INTERVAL BETWEEN ONSET AND DEATH
lying cause last.					

PART I. DEATH WAS CAI	JSED BY: CAUSE (a) A b dominal Matastasis	A41
Conditions, if any Which gave rise to immediate	OUE TO	7300
lying cause last.	(c)	
PART IL OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	RT I(a) 19 WAS AUTOPS
136000	Prochage Hadate 46 Constant	PERFORMED?

200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Bort II of item 18)

MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, form, | 20f. (City or fawn) Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) 0. m. While Not while at work at wark p. m.

1260, to 8-10 21 I certify that (I) (this haspital) attended the deceased from. 8-9-19 60, that (1) (we) last , and that death occurred a 2:00P. Hom the causes and on the date stated above saw the deceased alive on 8-10 220 S GINATURE 22b DATE S GNED

ATTENDING STAFF MD D RECTOR 8-11-60 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) U.S. Naval Hospital, Bethesda, Md. E. AKERS, LT. USN

23a. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)

MC.

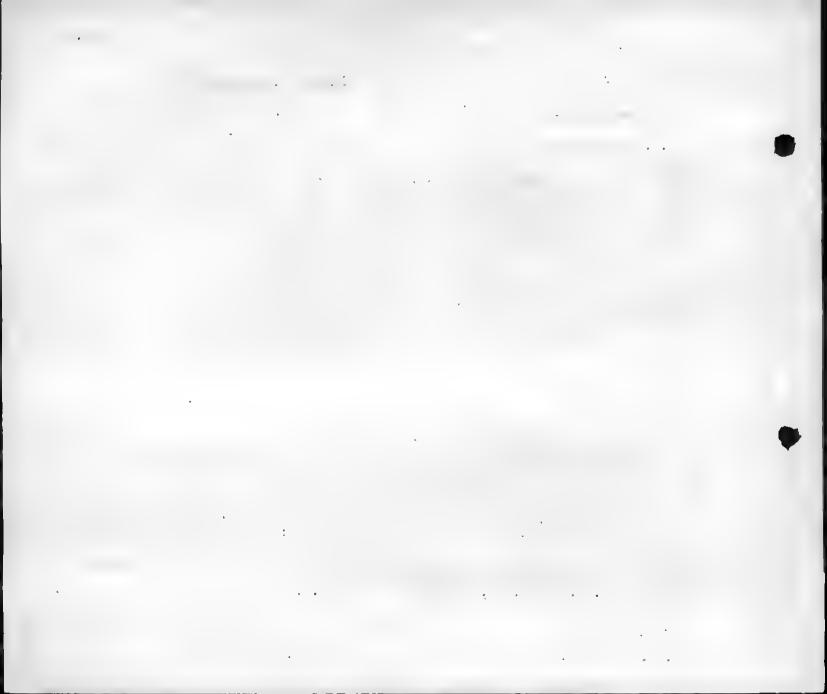
23d. LOCATION (City, town, or county). (State)

Park Lawn Cemetery Rockville Maryland ADDRESS 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Wisconsin Ave., Bethesda, Md. AUG 15 '60

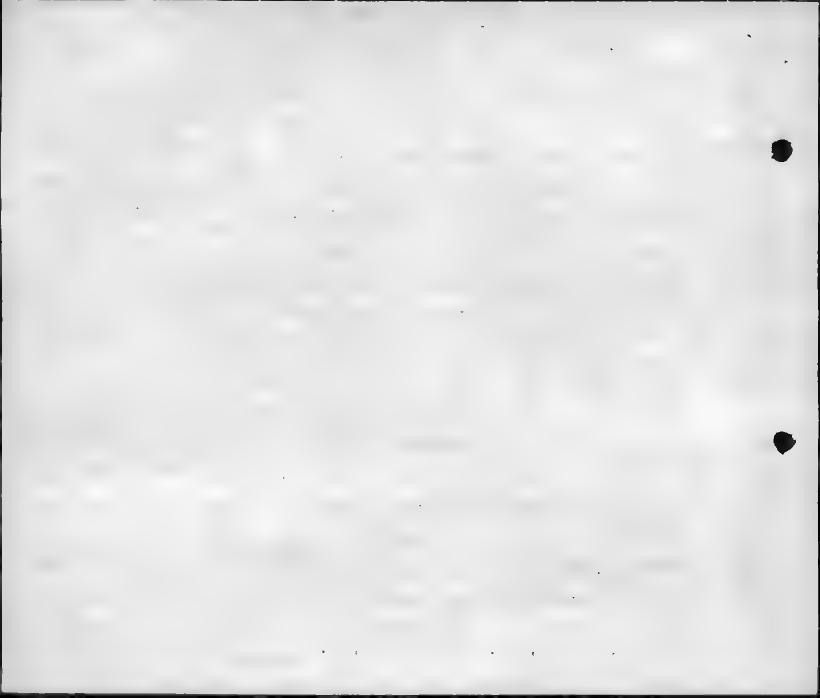
VR A15 (4) 15M 9/59

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TO HOSPITAL OR ATTENDING PHYSICIAN



MARYLAND STATE DEPARTMENT OF HEALTH **BALTIMORE 1, MARYLAND** Division of STATISTICAL RESEAR I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) Page e. COUNTY Kealth, a. STATE b. COUNTY files MARYLAND b. CITY OR TOWN (if outs de corporate limits c. LENGTH OF STAY IN 16 c CITY OR TOWN (Foulside corporata limits, write RURAL and give nearest lown) al director write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? YES NO DAJE OR DEATH DECEASED (Type or print) RACE 7. MARRIED 19. AGE (In yaer) HE UNDER I YEAR THE UNDER 24 HRS NEVER MARRIED last birthday Doys WIDOWED [DIVORCED 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12, CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retired) Mone None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAY DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unkown) ((Ifyes give war or dates of service) 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Office along with ficate should be executed in pencil in them 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH ,5 burial-transit pue IMMEDIATE CAUSE (a) removal, **DUE TO** Conditions, if any, which (6) gave rise to immediate cause 10 DUE TO (e), stating the underlying 80 Examiner cause lest. cremation, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,8 19, WAS AUTOPSY PERFORMED? YES NO CERTIFICA should 20a. EXTERNAL CAUSE WAS INJURY OCCURED. (Enter nature of Injury in Part I or Part II of Itam 18.) PRIMARY ST OF CONTRIBUTING CAUSE OF DEATH. ease execute the certificate, writing should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 s 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, 20f. (City or lown) Month, Day, Year (County) (Stata) factorys street, off a bidg., alc.) While al work at work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion agent, death resulted from Suicide Homicide . Undetermined manner Natural couses Accident 🗶 CHIEF MEDICAL EXAMINER 🗍 should be forware FUNERAL DI ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY Shoschald NAME (Type) Address (Streat, city, town, or county) 226. BURIAL, CREMATION | 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Slate) REMOVAL (Specify) E40 9 BURIAL 8/30/60 PARKLAWN CEMETERY MONTGOMERY COUNTY, MARYLAND 0 Ē 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE SPRING, MD. VS. A15ME DATAUG 3 1 '60 arthur & Knus 5M 7/59



1 T	tem 18 19 19 19 19 19 19 19 19 19 19 19 19 19
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	9252 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, residence before edmiss on) 8. COUNTY 2
	montgoners MARYLAND 8. STATE MID 6. COUNTY MA TO
and the same of th	b. CITY OR TOWN (If outside corporate limit), c. LENGTH OF STAY IN 16 C. TY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
nector.	Julian Marine 13 years Aller
Source Paris	d. NAME OF HOSPITAL ORANSTITUTION of not in hospital, give freet address) 3 STREET ADDRESS ON A FARM?
De Per A	9/16 Wordland Da 9106 Woodland In YES NO
f an the funer retained the State death.	3. NAME OF First Middle Lest 4. DATE Month Day Year OF
or be re-	(Type or prott) Vergensie Gertrude Huseman DEATH Cing 6 1960
L 3 th	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF B.RTH 9. AGE (In years If LNDER 1 YEAR IF UNDER 24 HRS. Last brithday) Months Days Hours Min,
er o	There who will be described the state of the
1, 2, 1, 2, 30 and 30 a	10-4 USUAL OCCUPATION (Give kind of work TDb. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ges 1	13. FATHER'S NAME 14. MOTHER'S MADEN NAME
A La Constitution of the C	13. FATHER'S NAME
EU E SE	15/WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address: Ad
3 a a a a	(Yes, no, or unkown) (Hyasgive werordetasofservice) 577=18=0480
Merit William Berry William Berry Be	18. CAUSE OF DEATH Enter only one cause par line for (e), (b), and (c).
xec ansita d isit	PART I. DEATH WAS CAUSED BY. Reshiturete poisoning
oncil on alc litra	IMMEDIATE CAUSE (a) Due to in bed
Mind Independent	Conditions, if any, which [b]
of 2 Page 1	gave rise to immediate cause
iner dass	(a), stelling the underlying cause last
week used	PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 116, 19. WAS AUTOPSY PERFORMED?
omet E	5 affantte Taken 30 Ethobral cape. PERFORMED?
A Solid	206 RATERNAL CAUSTWAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter natural of Jury In Part I or Part II of Item 18.) PRIMARY () or CONTRIBUTING OCCURED. (Enter natural of Jury In Part I or Part II of Item 18.)
NER ing th 3 sh 3 sh ouriel,	
Chie	20c. TIME OF INJURY Month, Day, Year 2Dd. NJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, 2Df. (C.ly or lown) (County) (State) Hour a m. While Not While factory, street, office bldg., etc.)
XAX.	Hour a m. While Not While fectory, street, office bldg., etc.) p.m. 19 at work st work
Marie Control	21. I certify that I took charge of the remains described above, held an Autopsy 🗗. Inspection 🔲, Inquiry 🔲, and in my opinion
CA Gertifa Bent,	death resulted from: Natural causes, Accident, Suicide X, Homicide, Undetermined manner
MEDIC te the cer forwarde L DIREC ated agen	CHIEF MEDICAL EXAMINER
	ACTUAL SIGNATURE SIGNAL ASSISTANT MEDICAL EXAMINER DATE SIGNED
Xecux Xecux Xecux ERA Sign	EXAMINER'S FACILITY BLACK AND DEPUTY MEDICAL EXAMINER &
본호수도로	NAME (Type) AND 1 STAZES Addrass (Street, city, town, or county) 22a, BURIAL, CREMATION (22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
Diease Please A shou or its	BURT'S 8/10/-10 PURTERY WAGITION, D.G.
H H	23. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR' 24b. REGISTRAR'S SIGNATURE
VS. A15ME BM 7/59	This personnel of near Strive Spring, MD. DATEAUG 9 '60 Culing & Kinne
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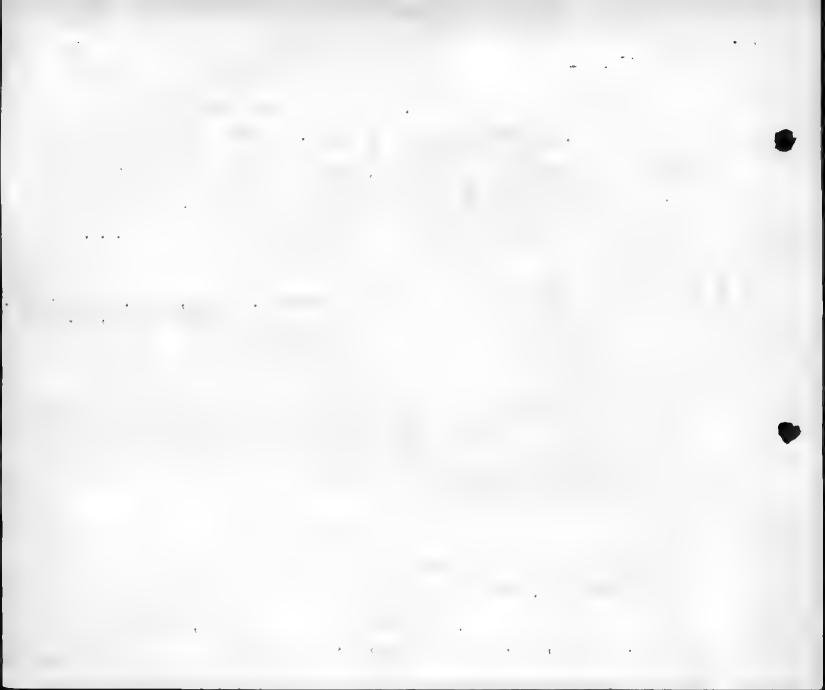


	R: After this certificate has been signed by the attending physician and camplately filled in by the funeral directar,	sed for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with	1
	2	Pue	4
	ely filled i	Pages 1 a	
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	attendan	please	crematian, ar remayal, and in any event within 72 bours after death.
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he haspital ar attending	his cert	use of	ematia
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he ha	R: Aft	oched	burial, cr

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9253 **CERTIFICATE OF DEATH**

09300

b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) a. STATE MAI	Where deceased lived If institution: Residence before admission) RYLAND b COUNTY MONTGOMERY				
RURAL and give nearest tawn)					
	If autside carparate limits, write RURAL and give nearest town) LVER SPRING				
d NAME OF HOSPITAL (if not in haspital, give street address) OR INSTITUTION 416 E. MELBOURNE AVENUE / d STREET ADDRESS / 416 E. ME	ELBOURNE AVENUE IS RESIDENCE ON A FARM? YES NO PARM?				
NAME OF First Middle Last DECEASED (Type or print) MAGGIE EUGENE JACKSON	4 DATE Month Doy Year OF DEATH AUGUST 12 19 60				
SEX 6. COLOR OR RACE WHITE WIDOWED DIVORCED B DATE OF BIRTH 5/24/74	9 AGE (In years let UNDER I YEAR IF UNDER 24 HR later let under 24 HR Manths Days Haurs Min.				
during most of working life, even if retired) OWN home Maryland	te or fareign country) 12 CITIZEN OF WHAT COUNTRY U.S.A.				
. FATHER'S NAME					
William Parsley Cather	rine Day				
WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT (8), no, or unknown) 1 (if yes, give wor or dates of service)	Address				
no none Miss Florence	e W. Jackson, 416 E. Melbourne				
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise la immediate cause (a), stating the under- lying cause last. (c)	Silver Springure Me Between onset and death 1-2 ye				
PART II OTHER SIGN FICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER)	RMINAL DISEASE CONDITION G VEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES IND				
20g ACCIDENT WAS JNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
20c. TIME OF thJURY Manth, Day Year 20d INJURY OCCURRED 40 PLACE OF NURY (Hame to factory, street, affice bldg, e at work at work	orm, 20f. (City or town) (County) (State)				
21. I certify that I attended the deceased fram	1.2 Cang, 196, that I last saw the decease DM, from the causes and an the date stated above ADDRESS (Street, city ar town, state) DATE SIGNI Colonsulla Pol 2/12/10				
PHYSICIAN'S NAME (Type) WILLIAM D. AUD	her Spring Inf				
BURIAL CREMATION 225 DATE THEREOF 22C. NAME OF CEMETERY OF CREMATORY BURIAL TABOR CEMETERY ALVER DIRECTOR SIGNATURY AND 240 RE	22d. LOCATION (City, lawn, or county) (State) ETCHISON, MARYLAND				



PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) director. Pr.
Vour files. COUNTY 6. COUNTY MIGON MARYLAND ontamerra b. CITY OR TOWN (if dutside corporate lim is c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate lim'ts, write RURAL and give neares) town) write RURAL and give nearest lown? d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS 3 to the funeral ON A FARM? State YES TO NO [3. NAME OF First Middle DATE Month DECEASED OF (Type or print) DEATH ~ U. CLA ¥j;× 6. COLOR OR RACE A MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS Pay 2 ₩¥ ss 1, 2, and 3 Page 5 may 1 and 2 wit last birthday) Months WIDOWED TO D VORCED [106 KIND OF BUSINESS OR INDUSTRY HEBIRTHPLACE (State or foreign country) IOa. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? "in pencil in Item 18, Give Pages 1, 2 Office along with form PM3, Page burial-transit permit, Fire Dages 1 and done during most of working life, even if ratified) ITAINICU Mica permit, Fite pages I any event within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give we ror detas of service) 18. CAUSE OF DEATH [Firter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) audde DUE TO Conditions, if any, which geva rise to immadiate cause **DUE TO** execute the certificate, writing the word "pending id be forwarded to the Chief Medical Examiner's **TERAL DIRECTOR**: Page 3 should be used as (e), staling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.8) 19, WAS AUTORSY PERFORMED? NO K CERTIFICA 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part II of Part II of Item 18) age 3 shot to burial, o PRIMARY TO OF CONTRIBUTING TO DEPUTY MEDICAL EXAMINER CAUSE OF DEATH. 20d. INJURY OCCURRED , 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) 2Dc. TIME OF INJURY Month, Day, Year (County) (State) Not While factory, street, office bldg., atc.) While at work at work prior Inspection K. Inquiry (X). and in my opinion agenf, death resulted from: Natural causes 🙀 Accident Suicide Undetermined manner Homicide | CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER | DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER Address (Streat, city, town, or county) 228. BURIAL CREMATION 22b. DATE THEREOF 224. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lowp, or country) REMOVAL [Specify] ±40 ₽ FUNERAL DIRECTO MC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATORE VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10455

	CERTIFICATE OF DEATH
	PLACE OF DEATH o. COUNTY MARYLAND 2 USUAL RESIDENCE [Where deceased lived. If institution, Residence before admission] b. COUNTY MARYLAND 2 USUAL RESIDENCE [Where deceased lived. If institution, Residence before admission] b. COUNTY MARYLAND
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town) for RURAL and RURAL and give hearest town) for RURAL and RURAL
	d. NAME OF HOSPITAL (IT DO) IN DOPPIND SILVE STREET ADDRESS OR INSTITUTION COLLEGE ON A FARM? 12921 Collegent A Fold 18 8408 Flower Collegent VES NO EST
3	NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) NAME OF DEATH CLUSTER 30 19 60
1	SEX 6 COLOFORRACE 7 MARRIED NÉVER MARRIED B. DATE OF BIRTH 9 AGE (In your lost birthdof) Months Doys Hours Min
	On USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11), BIRTHPLACE (Stote or fareign country) / 12, CITIZEN OF WHAT COUNTRY? Arminally All Home What Country / (4, 1), (4)
1	3. FATHER'S NAME Smith MU Waikable
	S WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no or unknown) (If yes give wor or doing of service) (Supplied Will 18408 Florida U. T. F.)
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (b)
<i>y</i>	Conditions, if any, which by minate of the stage of the s
	couse (a), stoting the under DUE TO lying cause last (c)
	PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE, CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED [Enver nature of injury in Part 1 or Part 1 of Item 18) 30 OR CONTRIBUTING D. CAUSE OF DEATH 31 III FITTHER, NOTIFY MEDICAL EXAMINER!
	20c TIME OF INJURY Month, Doy Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Name, form, 20f ACtly or town) (County) (State) 20c TIME OF INJURY (Name, form, 20f ACtly or town) (County) (State) (State) (County) (State) (County) (State) (County) (County) (State) (County) (Co
	21 1 certify that (I) (this haspital) attended the deceased from 19 that (I) (we) last saw the deceased alive an 19 and that death accurred at 19 m, from the causes and an the date stated above
	220. SIGNATURE ATTENDING MED STAFF SIGNED STAFF SIGNED STAFF SIGNED SIG
	PARSONS: PARSONS: Burtonsville Mary and
	Burial CREMATION, 231 Date THEREOF, Md. (Store) Penalty Control Contr
1	WHINEM DRECTOR'S SIGNATURE ADDRESS AD

TO HOSPITAL OR ATTENDING PHYSICIAN:

may be retained by the haspital ar attending station

TO FUNERAL DIRECTOR: After his certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for also as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Hea th print to burial, cremation, ar remayal, and in any event, with 22 hours after death

VR A15 (4 1SE 9/59



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5	375	CERTIF	ICATE OF DEAT	Н	() y g Reg. Dist. No.	802		
1 PLACE OF DEATH			2 USUAL RESIDENCE (V	Yhere deceased I ved - If instit		admission)		
Montgome	ery	MARYLA	o. STATE	yland b. coun	" Montgom	ery		
 CITY OR TOWN (If outside cor RURAL and give nearest town) 	porote limits, write	c. LENGTH OF STAY IN	ETB COTY OR TOWN (IF	outside corporate limits, write	e RURAL and give neare	st town)		
Olney		9 days		rksburg				
d NAME OF HOSPITAL (IF not in OR INSTITUTION		_	d. STREET ADDRESS		Į.	ON A FARM?		
	comery G		sp.			YES NO		
3. NAME OF DECEASED (Type or print)	Anna Anna	Middle Edmon	ia King	OF	Month Day	Year 19 60		
S. SEX 6. COLOR	OR RACE 7 MAR	RIED 🔀 NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In year lost birthdo)		Hours Min		
	nite www	- Name	o lantacary	, 1892 68		WILL WILL		
10a USUAL OCCUPATION (Give kind during most of working life, even	d of work done 10b n if retired)	KIND OF BUSINESS OR	INDUSTRY 11 BIRTHPLACE (Stot	e or foreign country)	12 CITIZEN OF W	VHAT COUNTRY?		
			Maryla		United	States		
13. FATHER'S NAME			14. MOTHER'S MAIDEN	, , , , , ,				
	rdiner		Inise B					
15. WAS DECEASED EVER IN U. S. A (Yes, no, or unknown) (If yes, give we	RMED FORCES? 116.	SOCIAL SECURITY NO.	INFORMANT		Address			
			Hos	<u>pital recor</u>				
18. CAUSE OF DEATH (Enter of					ONSET	AND DEATH		
IMMEDIATE	PART I DEATH WAS CAUSED BY Adenocarcinoma of Sigmoid Colon 32 yes							
2 4 2	DUE TO	with meta	STASIS					
Conditions, if ony, which gove rise to immediate	(b)							
couse (o), stoting the <u>under-</u> lying couse lost.	DUE TO							
	(c)	CONTRIBUTING TO DEATH	H BUT NOT RELATED TO THE TER	MINALD SEASE CONDITION	GIVEN IN PART 1(a) 19	WAS AUTOPSY		
ATK						PERFORMED?		
PART II OTHER SIGNIFIA 200 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL E)	ING DEST	CRIBE HOW INJURY OCC	CURRED (Enter noture of injury in	Port I or Port II of Item 18)		1132		
20c. TIME OF NJURY Month, Hour o. m.	While		De. PLACE OF INJURY (Home, for factory, street, office bldg., e	m, 20f (City or town)	(County)	(Stote)		
21. I certify that I after	ided the deceas	ed from Februa	ary 10 57 to 1	August 30,196	Ohat I last saw	the deceased		
alive on August 3	0, 19	30 and that d	eath accurred at 10.0					
		0	000000000000000000000000000000000000000	ADDRESS (Street, city or toy		DATE SIGNED		
SIGNATURE 3 451	len dras	· Sayer	M.D. 9830 Ma:	In Street	8/3	30/60		
PHYSICIAN'S NAME (Type) TO	<u>lcKendre</u>	e Boyer, N	I. D. Damas	ous, Laryla	nd			
220, BURIAL CREMATION, 226. DA BEMOVA (Sovety)	TE THEREOF	22c NAME OF CEMETE	Gery Genellery	220 LOCATION (City tow	n, or county)	(Stote)		
23. FUNERAL DIRECTOR'S SIGNATURE	Gartin	in Gaithe	esfect 9/1 DATE	SEP 2 246. RE	GISTRAR'S SIGNATURE	4		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

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	9378 CERTIFICATE OF DEATH					(1)	000	
		PLACE OF DEATH		2. USUAL RESIDENCE (When			before admission)	
		mon tanner	MARYLAND	o STATE	'd. 600	DUNTY THE	77 F. Ca	0
	ŧ	CITY OR TOWN (if outside corporate limits, write	LENGTH OF STAY IN 15	c CITY OR TOWN (If our	tside corporate limits	write RURAL and give	nearest town)	Ī
		RURAL and give nearest found	24 VRS.	1 51/1	180 J	1/1/2	a	
7		NAME OF HOSPITAL (If not in hospital, give street ode OR INSTITUTION	dress)	d STREET ADDRESS	1111	/	IS RESIDENCE ON A FARM?	
4)		Suburb a.	~	8504-	16 th.	37.	YES NO	
		NAME OF First	Middle	Lost	4. DATE OF	Month	Day Y==	Ī
		Type or print) CRAVEN	JAMES:	KING 7	DEATH	lug,	24 1960	_
	5 S	EX 6 COLOR OR PAGE 7. MARRIET	D NEVER MARR ED	B DATE OF BRTH	9 AGE (In		rear IF UNDER 24 HR	-
	2	Make White WIDOWED	DIVORCED [12-5-8	12 17	yes		
	10a	USLAL OCCUPATION (Give land of work done 10) KH defining most of working life even it refired)	NO OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State of	r foreign country)	12 C T ZE	N OF WHAT COUNTRY	1?
	Z	Tinter (Keticed 17)	full hu gets	MARIONS. //	119171	2 4.	5.11	e
	13	FATHERIS NAME		14. MOTHER'S MAIDEN NA	ME	M.	5-/	
	400	Graven James King	179.	74 2m	Exple!	110000	Edurag	7
-	15 [Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SC., no, or unknown) (If yes, give wor or dates of service)	CIAL SECURITY NO 17 IN	IFORMANT /	11.18	1-1-15 B	19 Fla. 57.	1
	9	no no	N.C.	wastotte,	T. Rene W	101 they fo	neves	3
		1B. CAUSE OF DEATH [Enter only one cause perfine	far (p), (b), and (c)]	10	0 -		INTERVAL BETWEEN	7
		PART 1, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	palec J	spillule - C	> Jona		2.00MS.	_
		DUE TO	At 1 0'	De i him	1200/135	2000	2 (
		Conditions, if any, which (b)	TROP IN	TATION TO ACCOM	C DINGN	buch		
		cause (a), stating the under- DUE TO						
	_	ying cause last.) (c)					IN THE WAS PITOPS	
	NOIL	PART OTHER SIGNIFICANT COND TIONS CO.	NTRIBUT NG VO DEATH BUT	THOT RELATED, TO THE TERMIN	ALDISEASE CONDITI	ON G VEN IN PART I	PERFORANCE?	Ž.
	FICATE	UNU VUOSCUMAL	LC MOW	(Enter nature of injury in Po	Q .	10.)	YES NO	Ш
	CERTIFI	205. ACCIDENT WAS UNDERLYING 206. DESCR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IDE HOW HAJOK! OF COKKE	A (Euter neighte dit sulmit) in Le	BIT FOL FOLL II OF THEM	10)		
			URY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	205 (City or town)	1500	.nty) (State	- 1
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	25	p m 19 o! wark [at work	1	200	11/1	\	_
		21 I certify that (I) (this haspital) attended	/ lan	(\ V PI	20-10-MM		(that (1) (we) la:	
		saw the deceased after on John 1	1900, and that a	leath occurred at 221	N, from the cdy	ses and on the	late stated above	е.
		22 GANTURE	Dall .	ATTENDING MED	STAFF	_ 81	24 125 GNE	D
		222 THYS DAN'S	1971	M D PHYS. DIRI	ECTOR LA PHYS		F 17 90-4	l,
		CARAL CARAL	C.M STA	414n Mag	1/1 () as		Latination	5
	72-	BURIAL CREMATION 23b, DATE THEREOF	NAME OF CEMETERY O	D CBEMATORY	23d LOCATION (City,	lown or county	FOINT	-
	l _	REMOVAL (Specify)	Eta Lineol	n. a		~ / ···	999	
		FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	Mousoleum 25g FFC'D	BY REGISTRAR 25	te George Bredstran's sign		-
	-	Robert A. Pumphrey B		ryland DATE AUG		C 11. A & 1		

the funeral director TO HOSPITAL OR ATTENDING PHYSICIAN.

In may be related by the haspital or attending the strained by the haspital or attending the strained by the haspital or attending the strained by the haspital continuate the strained by the ottension of the strained by the ottension of the strained by the ottension of the strained by the strained by the strained by the strained by the strained of the straine

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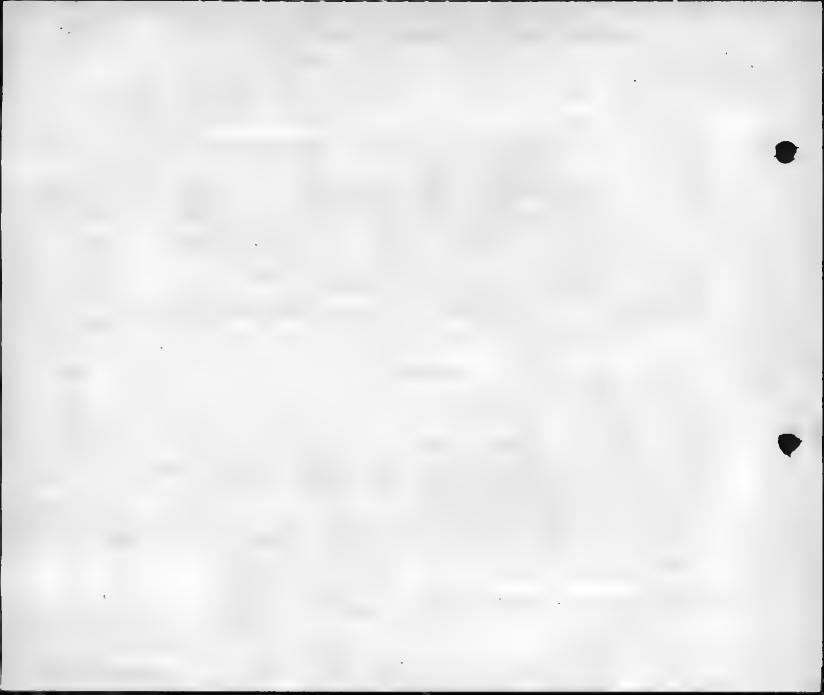
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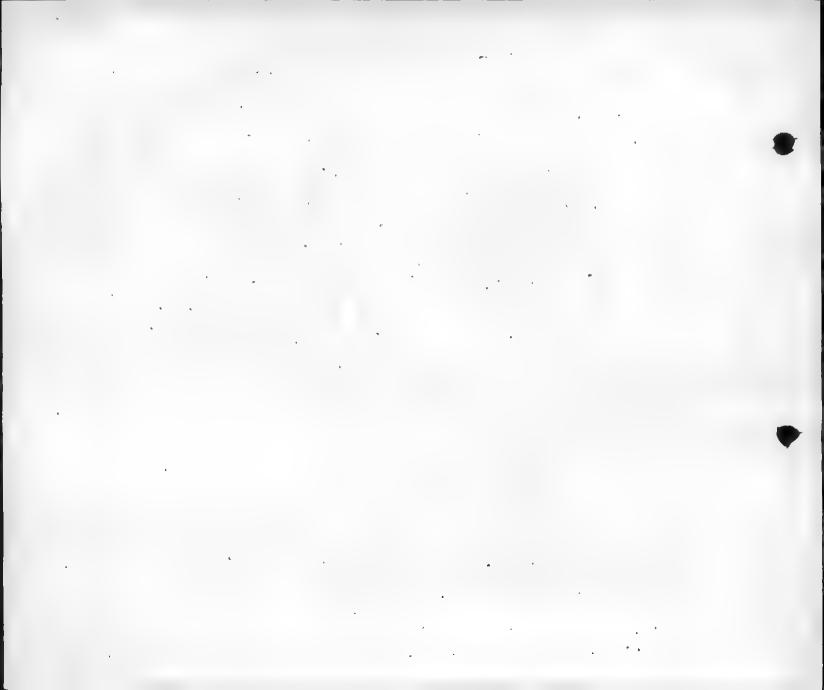
Reg. Dist. No.

ı	Montgomery	o. STATE Maryl	ere deceased lived. If institution, Resider				
	b. CITY OR TOWN (It outside corporate firms, write RURAL and give nearest town) Rockville						
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 13200 Midway Avenue	d. STREET ADDRESS 13200 Midway Avenue on a FARM? YES \cap No \cap 1					
	3. NAME OF First DECEASED (Type or print) Herman	Middle Roscoe	KIRBY 4	DATE Month OF DEATH August	Doy Year 1 19 60		
	5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED		DATE OF BIRTH Aug. 16, 190	8 9. AGE (In years foot birthday) Months 51 yrs.	YEAR IF UNDER 24 HRS. Doys Hours Min.		
\setminus	10g. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed Auto	of Business or industro mechanic		* ' ' '	EN OF WHAT COUNTRY?		
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA				
Į	Robert L. Kirby		Hattie Arne	tte			
	(Yas, no, or unknown) (If yes, give war or dates of service)	ves	romant riel Upton-	-daughter-same 2	d		
	18. CAUSE OF DEATH [Enter only one couse per line for (PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Asph				INTERVAL BETWEEN ONSET AND DEATH		
	Conditions, if day, which by	Hanging			sudden		
	gove rise to immediate couse (a), storing the underlying DUE TO (c).						
	PART H. OTHER SIGNIFICANT CONDITIONS CONTE				1(o) 19 WAS AUTOPSY PERFORMED? YES NO X		
	20c. TIME OF INJURY Month, Day, Year 20d INJU While of work [_ Not while factor	E OF INJURY (Home, form, ry, street, office bldg, etc.)	20f. (City or town) (Court Reciently 7%	(State)		
	21. I certify that I took charge of the rem	oins described abov	e, held on Autopsy	, Inspection , Inquiry	and find that		
ı	death resulted from: Notural causes,	Accident . Suici	ide 🔀 , Homicide [, Undetermined couse .			
	SIGNATURE TRANS & Broses	hart	M.D CHIEF MEDICAL EXAM	_	DATE SIGNED		
	EXAMINER'S NAME (Type) Frank J. Broschar	AMINER August	1, 1960				
	Burial 8/5/60 I	Parklawn		Rockville	(Store) Maryland		
	23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey I	ADDRESS Bethesda, Ma		BY REGISTRAR'S SIGNAR'S SIGNAR	NATURE		

VS A15ME(5) 5M 9/55

or remayal.





AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DEATH BEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, if institution, Residence before admission) the tuneral director, Page retained for your files. a. COUNTY b. COUNTY a. STATE MARYLAND b. CITY OR TOWN (if outside conforate limits, E LENGTH OF STAY IN 18 [If outside corporate limits, write RURAL and give nearest town] write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street address IS RESIDENCE. Boar ON A FARM? YES NO Middle Month Year DECEASED Page 5 may be ret is 1 and 2 with the 172 hours after de (Type or print) DEATH 19 AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRED last birthday) Months | Days WIDOWED | DIVORCED uld be executed within 24 hours after in pencil in Item 18. Give Pages 1, 2, an Office along with form PM3. Page 5 m 12. CITIZEN OF WHAT COUNTRY? Page done during host of working life, even if retired are Pages | 3. FATHER'S NAME 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknwn) (If yes give war or dates of sarvice) Office along with burial-transit permi 18. CAUSE OF DEATH [Enter only one cause per I ne for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) certificate should be DUE TO Conditions, if any, which (b) gava rise to immediate causa. 60 DUE TO lease execute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner" FUNERAL DIRECTOR: Page 3 should be used as: (a), stating the undarlying cause last. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 a) 19. WAS AUTOPSY CERTIFICATION UMOR LEKEBSELAR IN INJURY OCCURED, [Enter nature of nighty in Part I of Part II of Jiem IB) NO 20a. EXTERNAL CAUSE WAS age 3 shouts to buriel, o PRIMARY [1] or CONTRIBUTING [MEDICAL EXAMINER: CAUSE OF DEATH. 1 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Homa, farm, 1 20f., (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stata) factory, street, office bldg., etc.) Not While Hour a.m. Whila at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection ? Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAM NER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER NAME (Typa) Address (Street, city, town, or county) 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) removal. O <u>740</u> Hamilton 23. FUNERAL DIRECTOR 248. REC'D BY REGISTRAR I 246. REGISTRAR'S SIGNA VS. A15ME AUG 2 3 '60 Washington, 5M 7/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH

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30 (8	CERTIFICAT	L OI DEATH		17 -	0001
PLACE OF DEATH D. COLNTY Montgomery	MARYLAND	2 USUAL RESIDENCE (WHO o. STATE	ere deceased lived. If institu b. COUNT		efore admission)
b CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town)		c CITY OR TOWN (If o	outside corporate limits, write	RURAL and give	nearest town)
Bethesda d NAME OF HOSPITAL (IF not in hospital give street OR INSTITUTION	27 days	d. STREET ADDRESS	n, D.C.	- y -	e IS RESIDENCE ON A FARM?
The Clinical Center.	Bethesda 14. Md	1.028_Conn	ecticut Ave.	N.W.	YES NO
3 NAME OF First DECEASED (Type or print) Joseph	Middle Winey	lost Iandis	OF	onth	1 19 60
	RRIED NEVER MARRIED 1		9 AGE (In year	FUNDER TYE	AR IF UNDER 24 HRS
17720 1772200	WED DIVORCED	March 6, 192		rs ,	
10a USLAL OCCUPAT ON (Give kind of work done 10) during most of wa king life even if refired) Travel Consultant	b. KIND OF BUSINESS OR INDUST Travel	Pennsylva	-		OF WHAT COUNTRY
13 FATHER'S NAME		14 MOTHER'S MAIDEN N			
Benjamin L. Landis		Grace Wine	y		
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Not Available T line for (a), (b), and (c)] Intra-Abdominal		enter, Bethes	11	Maryland NIERVAL BETWEEN NIERVAL BETWEEN NIERVAL BETWEEN 2-3-WOOKS
a a di man	Metastatic Terat	ocarcinoma			18 months
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	ESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in	Part I or Part II of item 18)		
Hour o m. Whi	fant fant	CE OF INJURY (Hame, form lory, street, office bldg., etc		(Coun	ity) (Stote
21 J certify that (I) (this hospital) atters saw the deceased alive on August 220 SIGNATURE KOKUNO K. 22c PHYSICIAN'S NAME (Type) HASKINS K. KAS	1-19.60 and that de	ATTENDING MIPHYS DI		8. Iter, Nat	226 DATE SIGNED
230 BUR AL, CREMATION, 236 DATE THEREOF 8/3/60	230 NAME OF CEMETERY OR ARLINGTON NA	CREMATORY	23d LOCATION (CIV. INV.) FORT MYER		INIA (Stote)
Jaseph Bawlin Sons 1756	PA. AVE., N. W	L D.C.	D BY REGISTRAR 256 RE	GISTRAR'S S GNA Carthur S.	

TO HOSPITAL OR ATTENDING PHYSICIAN:

may be retained by the hospital at attending system.

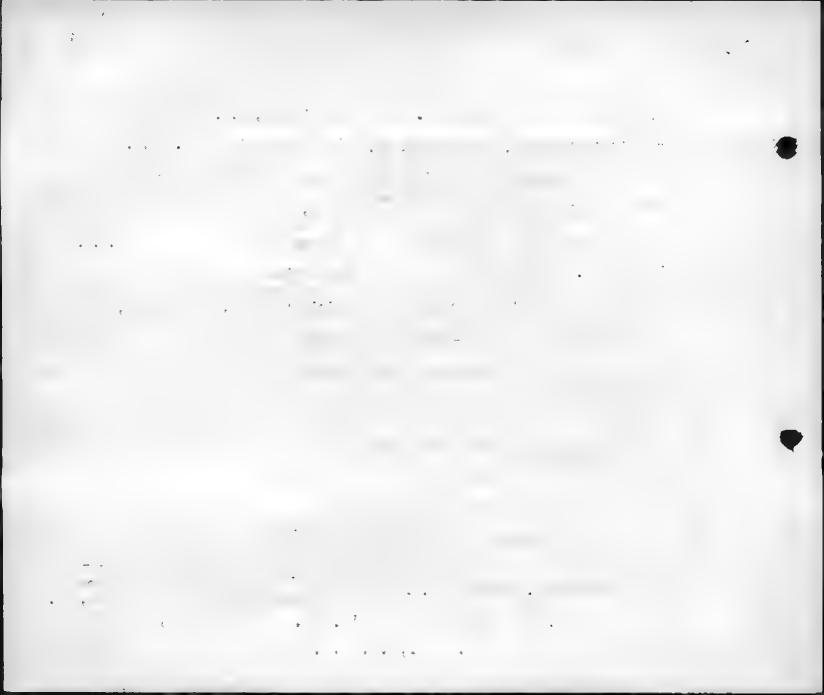
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached for use as the burial transit permit. Then please remove carban papers. Pages 1 and the State Board at Health prior to burial, cremation, an remayal, and in any event, whin 72 haurs after death

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in by the funeral and 2 should be fi

after death. Page 4

VR A1S (4) 15M 9/5



DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY MARYLAND b CITY OR TOWN I fouts de & LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate mils, write RURAL and give fleafest town) Be RURAL and dive neorepare d NAME OF HOSPITAL (If not in hospital B IS RESIDENCE give street address) ADDR OR INSTITUTION YES NO D NAME OF DATE Year filled DECEASED DEATH ages (Type or print) 19 9. AGE (In years HEUNDER I YEAR HE LINDER 24 HRS S SEX COLOR OR RACE 7 B DATE OF BIRTH MARRIED A NEVER MARRIED completely rthday)/ rthday Alonths Days Hours DIVORCED | WIDOWED 17 papers 10a USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12 C TIZEN OF WHAT COUNTRY? during most of working I fe, if an if ratired) puo 13. FATHER'S NAM Ç physician emove 17 INFORMANT 16. SOCIAL SECURITY NO. attending CAUSE OF DEATH [Enter only one cause per line for (a), (b), grid (c).] INTERVAL BETWEEN ONSET AND DEATH ℸ PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) £ DUE TO 2 Conditions, if ony, which gned gove rise to immediate **DUE TO** cause (a), stating the underlying cause last. tromsit pellu 73.5 PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III 19, WAS AUTOPSY cremotion, PERFORMED? burial YES NO 🗸 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 206 DESCRIBE HOW INJURY OCCURRED (Enter notule of injury in Part I of Part II of Item 18) certificate ‡ e (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, farm, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while of wark of work p. m. by the haspital 21 I certify that (i) (this haspital) attended the deceased frame _, 19 (c4) that (1) (we) last Health saw the deceased alive and CC and that death accurred at 12 M, fram the causes and an the date stated above. FUNERAL DIRECTOR: 22a. SIGNATURE 22b, DATE SIGNED ATTENDING MED. STAFF PHYS. PHYS M.D 22¢ PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a BUR AL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City fown, or county) (State) REMOVAL (Speci REMATION o 256. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAL VR A1S (4) 1SM 9759

MARYLAND STATE DEPARTMENT OF HEALTH





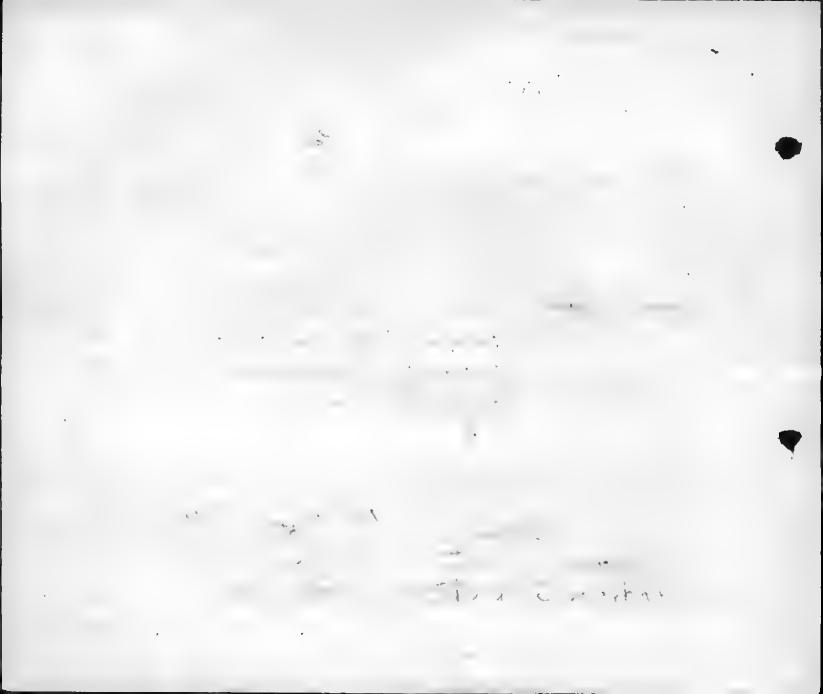
	I .e. File 176 - MARYLAND STATE DEPARTMENT OF HEALTH
3/	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OR STATE	0976 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00210
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admiss on)
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Territor Miles	18. CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c).]
ong ong i pu	PART I. DEATH WAS CAUSED BY, Busaire by Jesemia & eclina, Juliurus
be dence a series a s	1 7
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show the showing t	(a), stoling the underlying DUE TO Conservation of grantice contents, acut, with fally
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ould ould	20a. EXTERNAL CAUSE WAS 120b. DESCRIBE HOW INJURY OCCURED. (Egiar neture of injury in Peri Lor Peri Lor Peri Lor Contributing 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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Chie	20c. Time Of INJURY Month, Dey, Yeer 20d. INJURY OCCURED 20e. PLACE OF INJURY (Home, ferm, 20f. (Cily or town) (County) Hour e.m. While Not While of work et work et work et work
A Park	Hour e.m. While Not While of work Hosp. Hosp.
P O S CENT	21. I certify that I took charge of the remains described above, held an Autopsy 🔀. Inspection 🔲. Inquiry 🔲. and in my opinion
E E E E E	death resulted from. Natural causes . Accident . Suicide . Homicide . Undetermined manner
Po Co	CHIEF MEDICAL EXAMINER
HAT COD	SIGNATURE THE DATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
TY December 12 BAL signat	EXAMINER'S DEPUTY MEDICAL EXAMINER & SUCCESSION OF THE SECOND OF THE SEC
DEPUTY sase exect should be FUNEEA its design	NAME (Type)
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	9380 CERTIFICATE OF DEATH	(1931)
	1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (W	here deceased lived If institution: Residence before admission) b. COUNTY
	RURA. and give express lawy 3 day 2 days 23hrs + 15 mins	outside corporate limits, write RURAL and give nearest lown)
18	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INST TUTION Jupurbase 1814	Mordow Lane o Is RESIDENCE ON A FARM? YES NO TOK
0	3. NAME OF DECEASED (Type or print) MICHOFFE July August 1976	4. DATE Month Day Year OF DEATH See 1960
	S SEX 6 COLOR OF RACE 7 MARRIED NEVER MARRIED B DATE OF BURTH Female White WIDOWED DIVORCED Leb. 17.	9 AGE (In Jacs FUNDER 1 YEAR IF UNDER 24 MRS Manths Doys Hours Min.
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	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17 INFORMANT (19. no. or unknown) (II yes give wor or date of service)	M. B. Lawrence H. Have
	B CAUSE OF DEATH [Enter only one couse per une for (of (b), and (c)] PART I DEATH WAS CAUSED BY	INTERVAL BETWEEN ONSET AND DEATH
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	gave rise to immediate couse (a), stoting the under-lying couse last. DUE TO Hydral Lander (c)	502
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	21 I certify that (I) (this haspital) attended the deceased fram 10 1 - 44 - 33 saw the deceased glive on 0 - 30 - 60 - 19, and that death accurred above	M, fram the causes and an the date stated abave.
	1220 SCHATORE MD ATTENDING MD PHYS. MD PHYS.	AED. STAFF STAFF STAFF STAFF STAFF
	PHYSICIAN'S HAME (Tyle) EW J, Betz M,D 5412	Colo Are W. W. Wash DC
	23c BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 9/3/60 All Saints Ch. Cem.	23d LOCATION (City, town, or county) (Slote) Sunderland, Maryland
	Robert A. Pumphrey Bethesda, Maryland DATE	SEP 2 '60 Cuilus S. Kum



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 9381 director, death. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY o STATE **B COUNTY** MARYLAND Montgomery funeral b CITY OR TOWN (If outside corporate limits, write CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) 25 Kensington Bethesda hrs \$ sha d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d STREET ADDRESS 20 Suburbar puo Ξ. NAME OF first Middle 4. DATE Last Month filled DECEASED OF DEATH August Leach Pages (Type or print) Elsie Violet. d completely to papers. Pag S SEX 6 COLOR OR RACE 8. DATE OF BIRTH AGE (In years MARRIED NEVER MARRIED last birthdoy) DIVORCED [7] WIDOWED IXT Female 10a LSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 during most of working life, even if retired) BIRTHPLAC carban pap own home puo Homemaker 13. FATHER'S NAME 14 MOTHER death certificate be ő g physici remave hours ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT oftending p 473-18-5531 please within CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). . PART I. DEATH WAS CAUSED BY Then IMMEDIATE CAUSE (o the DUE TO 6 permit. Conditions, if any, which {b1. signed requires gave rise to immediate **DUE TO** couse (a), stating the underpuo lying couse last. ysicion. **burial-transit** CERT FICATION PART II. OTHER S GNIF CANT CONDITION removol, bospital or arren-After this cert ficate h 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY g. m. Wh 19 at s p. m. detached for 21. I certify that I attended the dece ACTUAL prior SIGNATURE PHYSICIAN'S NAME (Type)

TO HOSPITAL OR ATTEND moy be rationed by the h TO FUNERAL DIRECTOR. A poge 3 should be detached 0 VS A1S (4) 15M 9/58

220. BURIAL, CREMATION, 22b. DATE THEREOF

REMOVAL (Specify)

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IS CONTRIBLT NG TO DEATH BLT NOT RE.ATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0) 19	PERFORMED?
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. INJURY OCCURRED ile Not while oork of wark	Home, form, 20f (City or too e bldg., etc.)	wn) (County)	(State)
ased from Assy 4, 19/00.	Holding Co. ADDRESS (Street, c. Comm	auses and an the date	the deceased stoted abave. DATE SIGNED
EVERETT	Kensur	ston n	id!
22c NAME OF CEMETERY OR CREMATORY ARLINGTON NAT*L. CEME	· ·	City, town, or county) FON, VIRGINIA	(State)
SILVOPRESS SPRING, MD.	240. REC'D 8Y REGISTRAR AUG 1 2 60 DATE	246. REGISTRAR'S SIGNATUR	
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IF UNDER I YEAR IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

unknown

12 CITIZEN OF WHAT COUNTRY?

Days

Months

e, IS RESIDENCE ON A FARM?

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60

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PLACE OF DEATH COUNTY MARYLAND 2. SENGIN CENTER PROPERTY Service decessed invest (if institutor Resignace before admiss or) VITE IN 16 COUNTY VITE IN 16 COUNT		9383	CERTIFICAL RESEARCH A	TE OF DEATH	MORE 1, MARYLAND	09314
b CITY OF TOWN, (I) couside composite limits, write RURAL and give necresit town) RURAL and give necresit town) Bethinsda (Rural) 1 day 1	1	a. COUNTY	MARYLAND	o. STATE		Residence befare admiss an)
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT NOME 18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (b) UM ONIC Conditions, if any, which gave rise to immediate course (c), abring the under line gove rise to immediate course (c), abring the under line gove rise to immediate course (c), abring the under line gove rise to immediate course (c). The part II others on the present the course gove rise to immediate course (c). The part II others on the part II others in the part II ot						
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY. DUE TO Conditions, if only, which gave rise to immediate course (c). Storing the under lying couse lost. PART II OTHER S GN.FICANT COND.TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) 19 WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour o m p. m. 19 While Not while of work of work of work of two contributions of the deceased drive on 8-10-19.60, and that death occurred of 1:00PMonth the couses and on the date stated above 220 SIGNATURE 21 I certify that (I) (this hospital) attended the deceased from 8-9-19.60, ta 8-10-19.60 hat (!) (we) last saw the deceased alive on 8-10-19.60, and that death occurred of 1:00PMonth the couses and on the date stated above 220 SIGNATURE 220 PHYSICIANE NAME (Type) John H. MAZUR, IT, MC, USN 230 BLRIAI, CREMAT ON 236 DATT THEREOF ROUGH CEMETERY OR CREMATORY ROUND ATTENDING DECLARATORY 231, LOCATION (City, Iawn, or county) (Stole) Burjul 1-11-19 8/11/60 Evergreen 231 CAUSE OF DATE WITH NAME OF CEMETERY OR CREMATORY 232, LOCATION (City, Iawn, or county) (Stole) Physician 231, DATE THEREOF ROUND AND COURSE CONTRIBUTION (City, Iawn, or county) (Stole) Physician 241/60 242 CAUSE OF THE WAS CAUSE OF THE COUNTY (CITY COURSE) (CITY COUNTY) (Stole) Physician 241/60 (CITY COURSE) ((m	rs, no, ar unknown) (If yes, give wor or dates of service)				
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22c PHYSICIAN 22						
22c PHYSICIAN NAME (Type) John H. MAZUR, I.T., MC, USN 23c BURIAL, CREMATORY REMOVAL (Specify Buria) - tran 8/11/60 Evergreen PHYS. Drector PHYS A / Usgraf 16 C PHYS. Naval Hospital, Bethesda, Md. 23d BURIAL, CREMATORY REMOVAL (Specify Buria) - tran 8/11/60 Evergreen PHYS. Drector PHYS A / Usgraf 16 C PHYS A / Usgraf 16 C PHYS A / Usgraf 16 C PHYS B / Usgraf		220 SIGNATURE	111	,		22b. DATE
John H. MAZUR, IT, MC, USN 230 BURIAL, CREMATORY REMOVAL (Specify an 8/11/60 Removed type of the Record Removed (Specify and Removed		John &	Harun	A D PHYS. D		41545 196C
230 BURIAL, CREMATION 23b DATE THEREOF REMOVAL (Specification 8/11/60 Evergreen 23d. LOCATION (City, Idwn, or county) (Stole) Virginia			19	22d ADDRESS		
Burial tran 8/11/60 Evergreen Roanoke Virginia			MC, USN	U.S. Nave	l Hospital, Be	thesda, Md.
Burial-tran of 1700 Evergreen Roanoke Virginia	23c	DESCOVER (Specific		CREMATORY		
24 FUNERAL PRECIONS SIGNATURE ADDRESS 256, RECID BY REGISTRAR 256, REGISTRAR'S SIGNATURE		Burial-tran of 1/00			Koanoke	virginia
R. A. PUMPHREY 7/57 Wisconsin Ave Bethesda Md aug AUG 12'60	24	P DIDDLOON THE THE				

may be revained by the hospital ar attending ysician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remaye corbon papers. Pages 1 and 2 the State Board of Health priar to buriol, crematian, ar removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN VR A15 (4) 15M 9/59

ofter deoth. Page 4

law requires that the deoth certificate be executed within 24 h

by the funeral shou

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIFICATE OF DEATH - BALTIMORE 1, MARYLAND

09315

9384

PLACE OF DEATH a. COUNTY Montgomery MARYLAND					2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. STATE b. COUNTY Pennsylvania									
		outside corporate imit	s, we fe	c. LENGTH	OF STAY IN 1	lb	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn))	
1	Bethesda	arear rownj		26 D	ays		Philadelph:	ia				120		
	OR INSTITUTION	AL (if not in haspital, gi	ve street				d. STREET ADDRESS					7	e IS RES	DENCE FARM?
		1 Center, F			. Md.		3101 Bright	ton	Street					NO 🔼
3.	NAME OF DECEASED	Firs			Middle		Lost	4	DATE OF	Man		Da	y 1	feor
	(Type or print)	Barba	ra		Jane		Lerch		DEATH	Augu	ıst	1	4 1	9 60
5 :	SEX	6 COLOR OR RACE	7 MARR	IED NEVE	R MARRIED	S	DATE OF BIRTH		9 AGE	(In years	F UNDER			
1	Female	White	WIDOWE	D 🗍	DIVORCED [December 8	, 1	943 16	birthday) yrs	Widnes	Days	Hours	Min
10a	USUAL OCCUPAT C	N (Give kind of work ding life, even if retired)	one 10b	KIND OF BU	SINESS OR IN	1DUS	RY 11. BIRTHPLACE (St	tate or	foreign country)		12 CITI	ZEN OF	WHATC	OUNTRY?
- 3	Student			None			Pennsy.	lva	nia			U.S	.A.	
\3 .	FATHER'S NAME						14 MOTHER'S MAIDE	EN NA	ME					
7	Charles A.	Lerch					Helen G.	Hel	lman					
15 (Ye		R IN U.S. ARMED FORCE		SOCIAL SECI	BRITY NO 1	7 IN	ORMANT The M	ledi	cal Reco	ord Addr	ess			
	No	,		73-34-	1417	The	Clinical	Cen	ter. Bet	hesda	14.	Mar	ylan	d
	18 CAUSE OF DEA	TH [Enter only one cas	ise per lir	ne far (o), (b)	ond (r)]							INTE	RVAL BE	TWEEN
	PART F DEA	TH WAS CAUSED BY	Mas	sive]	Intra-A	bd	ominal Hemo	orrh	age			0143		ours
	11	DUE TO	Dys	germir	noma of	. 0	vary with T	lera	tomatous	and				
	Conditions, if a	ny, which) (b)	-	-	astic e								8 Mo	nths
	gave rise to in couse (a), stating	n mediote							-					<u> </u>
	lying cause ost.	(c)										. L .		
Z	PART II OTH	IER SIGN'FICANT CONE	ONS (ONTRIBUTION	G TO DEATH	BLT	NOT RELATED TO THE TE	ERMIN/	ALDISEASE CONC	DITION GIV	EN IN PAR	T 1(a) 1	9. WAS	AUTOPSY RMED?
CAT														NO 🔲
CERTIFICATION	20a ACCIDENT WA	S UNDERLYING DEATH	20b DES	CRIBE HOW I	INJURY OCCU	RRED	(Enter nature of injury	y in Poi	rt I or Port II of d	tem 18.)				
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)												
MEDICAL	20c. TIME OF INJUR	Y Month, Doy, Yea		NJURY OCCU			CE OF INJURY (Hame, fory, street, office bldg.,		20f (City or tow	n)	(4	County)		(Slate)
WED	Hour o.m.	19	While of wor	Not white I at work		1001	ory, arreas, orrace braigh,	1						
	21 I certify the	t (1) (this hospital)	altend	led the de	ceased fro	en '	July 19	106	O to Augu	st 1	i 19 (50 th	ot (I) (wel lost
	snw life decens	ed give of Aug	ust]	1960	ond the	ot d	ath occurred of							
	220 PONATURE	A A	A		/\	QI UI	Juni occorreo orej	23/11	1, 1.0.11 1110 0	00003 011	0.1 1.11	20.0		DATE
	1/1/1/4	- Whe	CK.		D.	Ą	ATTENDING D	MED	CTOR PHY	FF PC	8.	-1 <i>h</i> -	60	SIGNED
	220 PHYSICIAN'S	/					22d ADDRESS T	l'he	Clinical	Cent			_	
	NAME (Type)	ARTIN NYDI	CK,	M.D.			Institut							
230	BURIAL, CREMATIO	N, 23b DATE THEREO	F	23c NAME	OF CEMETER	RY OF			3d LOCATION (C	_			(\$tat	-
]	Burial (Specify)	8/22/60		For	est H	11	l_Cemeter	37	Philad	elnh	า่ล	Pa		
-	FUNERAL DIRECTOR	SSIGNATURE		ADDRE					BY REGISTRAR		STRAR'S SI	GNATU	RE	
	Robert A	. Pumphre	≥y	Bethe	sda,	Ma	yyland DATE	AliG	1 7 '60	0	Thun P	40	. 4	
								122 50					~	

description of the with s ofter death Page 4 Then please remove carban papers Pages 1 and 2 share may be retained by the haspital or attendit. This can.

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and completely filled integers should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and the State Board of Health prior to burial, cremotian, ar removal, and in any event, within 72 hours after death. aw requirem that the death certificate be exampled within 21

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TO HOSPITAL OR ATTENDING PHYSICIAN

VR A15 (4) 15M 9/59



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institution; Residence before edmiss on . COUNTY to the funeral director. Page be retained for your files. If the State Board of Health, a. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 1b naarasi fown) . IS RESIDENCE ON A FARM? 3. NAME OF DECEASED (Type or print) DEATH with 6. COLOR OR RACE 17. MARRIED NEVER MARRIED AGE (In yand HE UNDER I YEAR | IF UNDER 24 HRS. lest birthday and Hours WIDOWED USUAL OCCUPATION (Give kind of work to during post of working life, even if retired) 106, KIND OF BUSINESS OR INDUSTRY 112. CITIZEN OF WHAT COUNTRY? own home pages | within P.M.3. F16 unknown , 16. SOCIAL SECURITY NO 17. INFORMANT Address Wes, no, or unkown) (ffyasgiva warordales of service) 18. CAUSE OF DEATH | Inier only one cause per line for none or (e), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which' (b) geve rise to immediate cause DUE TO (a), stating the underlying cause last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 . 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter new ra of Injury in Part I or Part II of I 20 . EXTERNAL CAUSE WAS Injury in Part I or Part II of Item 18.1 DEPUTY MEDICAL EXAMINER: CAUSE OF DEATH. Chief J execute the certificate, writing 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (City or lown) (County) factory, street, office bldg., atc.) While Not While forwarded to the L DIRECTOR: Pa at work | at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection ... Inquiry 12 and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 22a, BURIAL, CREMATION 1 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) ARLINGTON NATIL. CEMETERY ARLINGTON. 040 g BURIAL. 23. FUNERAL DIRECTOR **ADDRESS** 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME SILVER SPRING, MD. 5M 7/59

ARYLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18
FOR STATE	9385 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
EALTH DEPT.	I. PLACE OF DEATH O. COUNTY 2. USUAL RESIDENCE (Where deceased I ved. If institution Residence before admission)
1 5	Montgomery Maryland d. STATE Md. 6 COUNTY Mont. Co.
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN, 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)
g (D ()	Bethesda 1 day-40 mins. Wheaton
dy	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RE. CENCER ON A FARMA
# T / "#	Suburban 3912- Jeffry Street YES IN NO
8	3. NAME OF First Middle Last 4. DATE Month Day Year
- La	(Type or print) Janet T Maher DEATH Aug. 27,1960 19
B	5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 3 8 DATE OF BIRTH 9 AGE In yeo. IFUNDER 1YEAR IF UNDER 24 45
- Oct	Female White WIDOWED DIVORCED Dec.11,1953 6 yars 0003
2	100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 B RTHPLACE (Stale or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
	Child - Student U.S.A. U.S.A.
5	13. FATHER'S NAME
C C	Walter R. Mah er ANGELINA VIOLA
20	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give wor or dotes of service)
ם כ	NO NONE Pris. Chart
P	18. CAUSE OF DEATH Enter only one course per line for (c), (b), and (c). PART I. DEATH WAS CAUSED BY:
<u>,</u>	IMMEDIATE CAUSE (a) Hypoxia
ź	DUE TO 1
5	Conditions, if any, which (b) Aspiration gastrie contents under ones- 10 ?222222 (a), stating the underlying OUE TO tesia for appendent on y
5	(0), stating the underlying DUE TO tesia for appendectomy
1	PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPSY
7	PERFORMED?
	200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of initiary in Port I or Port II of Item 18.)
	206. EXTERNAL CAUSE WAS PRIMARY OF THE POST II OF ITEM 18] 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of initiary in Post I or Post II of Item 18] CAUSE OF DEATH.
	3 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole)
	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lawn) (County) (State) Hour a. m. Yhile Nat while at wark of wark of wark
	opinion death resulted from. Natural causes . Accident . Suicide . Homicide . Undetermined manner .
	opinion dealth resolute from transfer cooses []. Accident []. Solicide []. Indirector []. Onderermined manner []
	SIGNATURE SIGNATURE CONTINUED M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
	ASSISTANT MEDICAL EXAMINER
	EXAMINER'S FLANK J. BLOSENZET DEPUTY MEDICAL EXAMINER \$ 8-28-60
<u> </u>	270 BUR AL CREMATION 226. DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 22d LOCATION (C ly, town, or county) (Stota)
	BURIAL (Specify) 8/31/60 ARLINGTON NAT'L. CEMETERY ARLINGTON, VIRGINIA
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SILVER SPRING, MD. 240 REC'D BY REGISTRAR'S SIGNATURE SILVER SPRING, MD.
	Chulmen of Design String, MD. DANSEP 1 '60 Outling & House

TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is necessary, madese execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 75.4 should be forwarded to the Rectificate Assiminer's Office along with form PM3. Page 5 may be retained for your files.

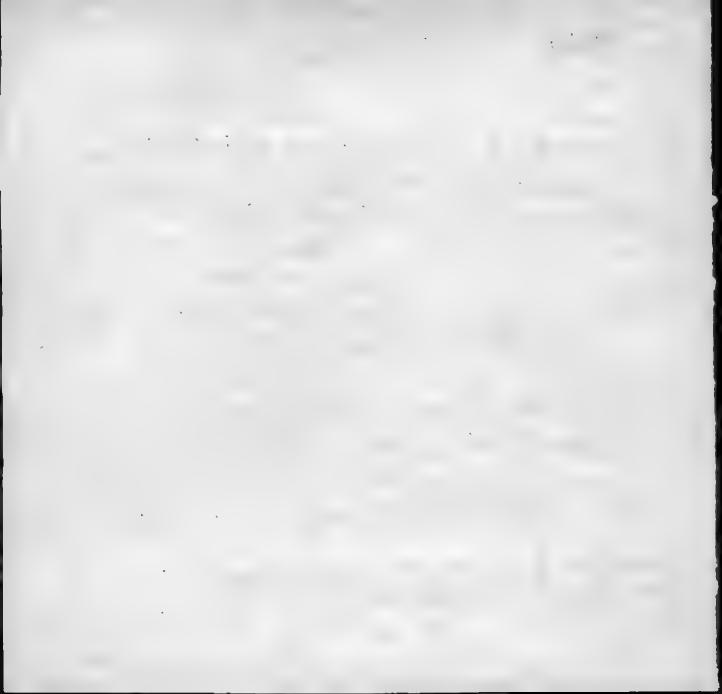
TO FUNERAL DIRECTOR Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, and its designated agent, prior to burial, cremation, or removal, and in any worth Wink 72 hours after death.

10,00 11 10,00

VS. A15ME 5M 7/59

BALTIMORE 1. MARYLAND USUAL RESIDENCE (Where decessed lived, Il institution: Residence before admission) 1. PLACE OF DEATH e. COUNTY a. STATE b. COUNTY MARYLAND E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporals lim is, write RURAL and give neerest town). RURAL and give mearest town! NSTITUTION (if not in hospital, give street eddress) ON A FARM? NAME OF Middle Month DECEASED Type or print DEATH 5 SEX 9. AGE (In yours HE UNDER I YEAR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE last birthdey) | Months Days WIDOWED [DIVORCED FION (Give kind of work 10b. KIND OF BUS NESS OR NOUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done duying most of working I fan eyen if relired) 14. MOTHER S MAIDEN NAME Lenora Magner ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN , or unkown) | (If yes give war or dates of service) 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, il any, which (b)_ geve rise to immadiate cause DUE TO PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110' 19, WAS AUTOPSY PERFORMED? NO T 20M. DESCRIBE HOW NURY OCCURED, (Enter nature of injury in Part II or Part II of Jem 18.) 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (Cily or fown) Month, Day, Yeer (County) (Stata) lactory, street, office bldg., etc.) While Not While at work at work Inquiry ' Inspection M and in my opinion Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER Address Street, city, lown, or county) DATE THEREOF 22d. LOCATION (City, lown, optountry) (State

(a), stating the underlying cause last. 20m. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY 21, I certify that I took charge of the remains described above, held an Autopsy death resulted from: EXAMINER'S NAME (Type) 221. BURIAL, CREMATION. REMOVAL (Specify) FUNERAL DIRECTOR 246, REG STRAK'S SIGNATURE arthur & Krank



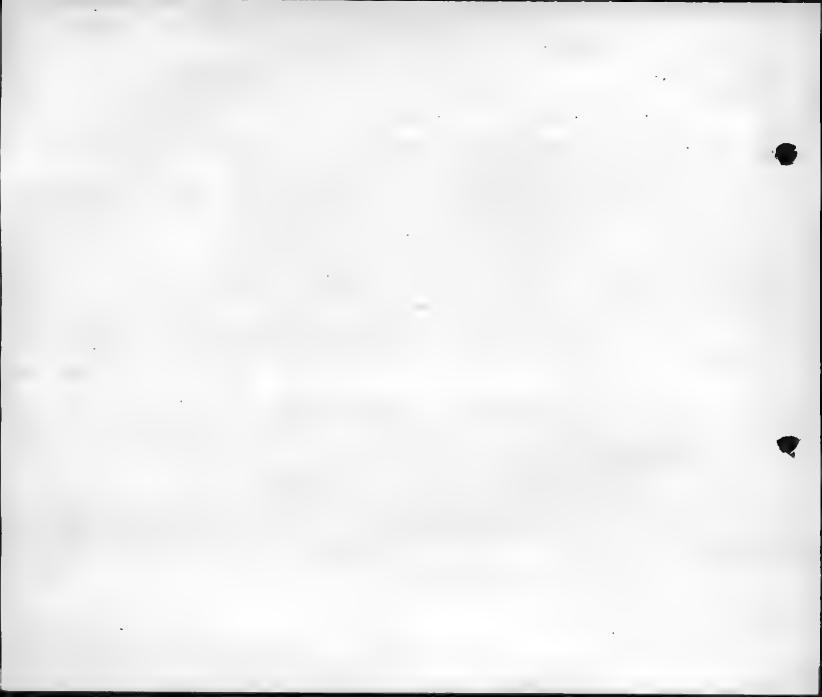
VE A15 (4) 15M 9/5B

			9302	CERTIFI	CATE OF DEA	ATH		Reg. Dist.	131	8
	· ·	PLACE OF DEATH COUNTY COUNTY	Mon tg	MARYLA	MAT	yland	b COUNTY	Ment	36	
		RURAL ond give ne	arest town)	Md. 10yrs	Galth d STREET ADDRE	ersbur	C		e IS	RESIDENCE N A FARM?
4	3	NAME OF	First	Middle	Lost	AVE & S	Summlt		Day	Year
		DECEASED Type or print)	Arkie	Mae		OF DEATH		nin	DGy.	19 60
	5 5	•	6 COLOR OR RACE 7. MA	bit is along any	Marshal B. DATE OF BIRTH	1	9 AGE (n years	FUNDER	YEAR IF J	NDER 24 HRS
		Female	White wood	-44		1906	last birthday)		toys Ha	urs Min
	10a	JSUAL OCCUPATION	ON (Give kind of work dane 10th ing life, even if retired)	KIND OF BUSINESS OR I				12 CITIZE	N OF WH	AT COUNTRY?
1		Meuse			Tenn			I	I S	
	3.	FATHER'S NAME			14 MOTHER'S MAII	DEN NAME				
	_		al Butrey		Gu 1	ela Dre	enien			
	15. (Yes	WAS DECEASED EVER	R IN U. S. ARMED FORCES? 16 (If yes, gave wer or dates of service)	SOCIAL SECURITY NO	INFORMANT		Ado	Iress		
					Jack Mars	hall.	laithers	burg.	_Ma.	
		1B CAUSE OF DEA	TH [Enter anly ane cause per	line far (a), (b), and (c).]					INTERVA	L BETWEEN
		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (g)	arcino	md or	00	erul	r	2	ded do a
		17/x		p	predd		,	-	-	Trees
		Canditions, if ar	ry, which) (b)	00/403	predd	11-61	977 93	17		
		gave rise to in Cause (a), stating t	nmediate Due TO				-			
		lying cause last.) (c)							
	CATION	PART II OTH	ERS GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL D SEA	SE CONDITION GI	VEN IN PART	lb E	AS AUTOPSY
	CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] 20b. DE [] CAUSE OF DEATH MEDICAL EXAMINER]	SCRIBE HOW INJURY OCC	URRED. (Enter nature of inju	ry in Part I ar Pa	irt II of item 18.)			
	MED CAL	20c. TIME OF INJURY Have a.m. p. m.	White		e PLACE OF INJURY (Home factory, street, office bldg		ly ar town)	(Ca	unty)	(State)
1		21. I certify the clive on	at 1 attended the deced -16-60 19 wh Arhi	and that do	TMD 105	M, from	the causes and street, city ar town	nd on the	date sta	
	22a	BURIAL, CREMATIO	N. 726 DATE THEREOF	22c. NAME OF CEMETE	RY OR CREMATORY	22d. LOC/	ATION (City, town,	or county)		(State)
		RECYN TOPETY)	8-16-60	from .	Oak	Ged	thersbu	**	a	
1	23	FUNERAL DIRECTOR'S	S/SIGNATURE?	ADDRESS TO	enstrucción 240	REC'D BY REGS	TRAR 24b REG	ISTRAR'S SIGN		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission). o. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town RURAL and give negrest town) AKOMA d, NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES T NO R NASHING-TON DATE NAME OF Middle Yeor Month DECEASED OF DEATH 1960 (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED last birthdoy) Months Dovs Hours WIDOWED | DIVORCED papers. 12 CITIZEN OF WHAT COUNTRY? 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) duping most of working ife, even if retired) puo 10 Na Dre 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion гетаме 16. SOCIAL SECURITY NO Address 5 WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT attending INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). ONSET AND DEATH Ω. PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO á Conditions, if any which gned gove rise to immediate DWE TO couse (a), stating the underlying couse last peen THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY CONTRIBUTING TO DEATH BUT NOT RELATED TO PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) certificate 20e PLACE OF INJURY (Home, farm, | 20f. (C ty or town) (Stote) 20c. TIME OF INJURY Month. (County) Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) While Hour p. m. Not while at work of work by the hospital page 3 shauld be detached for the State Board of 11 21 1 certify that (1) (this hospital) attended the deceased from to ... 196_a that (1) (we) last authM, from the causes and an the date stated above. saw the deceased alive of __ and that death accurred at may be retained by The DIRECTOR: 22b DATE 220 SIGNATURE ATTENDING. MED. STAFF PHYS. M.D. 22c PHYSICIAN'S 22d ADDRESS MAME (Type) 230 BURIAL CREMATION 1 236 DATE THEREOF 23c NAME OF CEMETERY-OR CREMATORY 23d LOCATIONLIC by fown or county) (State) REMOVAL (Specify) 0 256 REGISTRAR'S S GNATURE 24 FUNERAL D RECTOR'S SIGNATÚRĚ **ADDRESS** 250 REC D BY REGISTRAR SF, NNhapin VR A15 (4) arthur & Kroue 10 05 10 DATE AUG 11 '60 15M 9/59



09320 DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. a. COUNTY g. STATE COUNTY MARYLAND c. CITY OR TOWN (If autside carporale limits, write RURAL and give negrest fown) CITY OR TOWN Courside corporate units, write CLENGTH OF STAY IN 1h RURAL and give nearest town) CALLO d NAME OF HOSPITAL (if not in hospital give street address) e IS RESIDENCE d STREET ADDRESS ON A FARM? OR INSTITUTION YES NO IX Vashinaten Sanitarium+ Hospi 4. DATE NAME OF Middle Year DECEASED OF DEATH (Type or print) 19400 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months Days Hours DIVORCED [WIDOWED | 12. CITIZEN OF WHAT COUNTRY? USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreigh country) during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN GIAME 17 INFORMANT IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY. Dasulox DYDLO IMMEDIATE CAUSE (a) DUE TO -arcinomatosis Canditions, "If any which (b) gave rise to immediate **DUE TO** cause (a), stating the undersying cause last. CONDITION G VEN IN PART I(a) 19 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH PERFORMED? couse undelermined YES 🗍 NO 節 LIVER condi OI 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part I or Part II of Item 18] (IF EITHER, NOTIFY MEDICAL EXAMINER) Manth, 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) Hour a m. While Not while at wark at wark p. m. 21 I certify that (1) (this hospital) attended the deceased from aug & 19.60, that (1) (+++) rast 1960, to aug 1960, and that death accurred at 7.15 M, from the causes and an the date stated above saw the deceased alive an Lug 22a S GNATURE SIGNED ATTENDING MED DIRECTOR M.D 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) 8700 Colesville Rd., Silver Spring 236 BUR A CREMAT ON 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, ar caunty) REMOVAL (Spec fy) 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S 25g REC'D BY REGISTRAR AUG 1 5 '60 arthur & Kruss DATE

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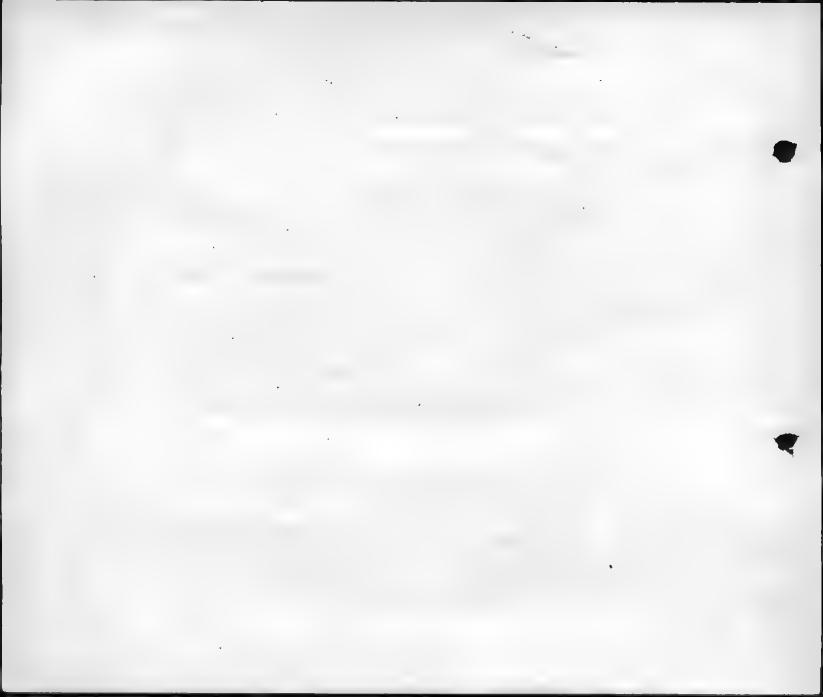
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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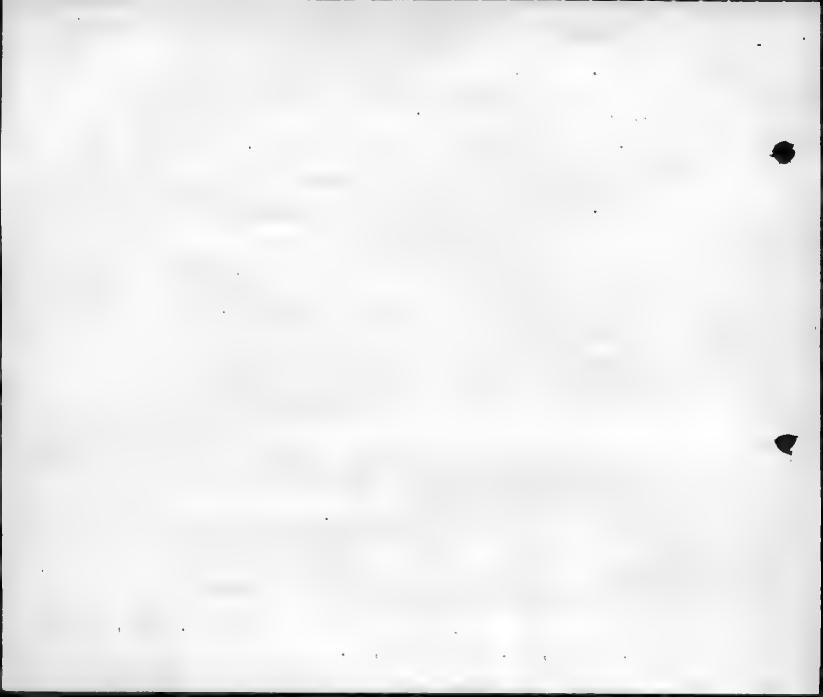
		ひたりき	CERTIFICA	IE OF DEAT	M		LAGIAT
		LACE OF DEATH COUNTY / ON transper /	MARYLAND	2 USUAL RESIDENCE (* O STATE MAN 4/2		If institution Residence CO INTY I DAIT Junior	before admission)
	b	C TY OR TOWN (If autside corporate limits wir RURAL and give nearest town)	-1	E. CITY OF TOWN (f outside corporate limi	ts write RURAC and give	e nearey town)
	d	NAME OF HOSP TAL (If nayin hasp to give str	5½ yrs.	d STREET ADDRESS	>pring		e IS RESIDENCE ON A FARM?
		ORINSTITUTION 122 Dennis A	Venue	11122 1	Ocinnis A	Venue	YES NO
	D	ECEASED Harriett Emale	ine ME Cambridge	Last	4. DATE OF DEATH	August	Day Yeor 15 1960
1	S. SI	/ 1./		B. DATE OF BIRTH 18	368 9 AGE	orthdoy) Months De	YEAR IF UNDER 24 HRS gys Hours Min
	/ 10a.	USUAL OCCUPATION (Give kind of work done)	OWED M DIVORCED DIVOR	OCT 13 366	ote or foreign country)	12 CITIZE	N OF WHAT COUNTRY
		during most of working life, even if retired)	Own home	Ohio		10.3	5A.
	13 F	ATHER'S NAME		14. MOTHER'S MAIDE	NAME	,	
		James Ceclida	10	Ann	1. Perry		
		NAS DECEASED EVER IN U.S. ARMED FORCES!" no. gr unknown] f yes, give war or dates of service"	none R2	iformant	ampertue.	1122 Den	13 AVE
1	H	18. CAUSE OF DEATH [Enter only one cause p		A A	British L		INTERVAL BETWEEN
_/		PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (g)	oronary occh	4510n			1 hour
		DUE TO		·			1
		Gonditions, if any, which gave rise to immediate DUFTO	ulmenary ear	187 22	/	^	MENTE
		lying couse last (c)	rteriuscheroti	cardiove		istase	
	CATION	PARY 1. OTHER S.GNIFICANT CONDITIO	ns <u>contribut</u> ng to death but	NOT RELATED TO THE TE	rminal disease cond	DITION GIVEN IN PART 1	PERFORMED? YES NO
	RTIE	20g ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury	in Part I or Part II of it	em 18 }	
	MEDICA.	Hour a m		ACE OF INJURY (Home, f ctary, street, affice bidg		n) (Ce	unity) (Stoti
		21 I certify that (I) (this hospital) at	ended the deceased from	Feb.	1960 . to Augo	15t 15 19Le	L, that (I) (we) far
		saw the deceased alive an Augustian	(27 15 19 66 , and that c	death accurred at &	AM, from the co	auses and an the	date stated above
		Kinner Dracks	huse 17.	M D PHYS	MED STAI	=F S 🗀	Aug 15 MA
ľ		PAYMENT Bradsha	aw, Ir	345 Univer	sity Blad, W	Silver Sp	ring, M.d.
		BURIAL, CREMATION 235 DATE THEREOF	23c NAME OF CEMETERY C			ity tawn or county)	(Stote) MARYLAND
	-	REMATION 8/15/60 FUNERAL DIRECTOR'S SIGNATURE	FT. LINCOLN (PRINCE GE	25b REG STRAR'S SIGN	
	W	ADNER E. PUMPHREY, INC.				arthur S. Him	

may be retained by the haspital or afterd has been signed by the attending physician and campletely filled 19 page 3 should be detached far use as the burial-trans t permit. Then please remark carbon papers. Pages 1 or the State Board of Health priar Ia burial, arematian, ar remard, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN VR A15 (4) 15M 9/59

ofter death. Page 4

law requires that the death certificate be executed within 24

y the funeral director, 2 should be filed with



1 PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission)
· COUNTY MONTGOMETY MARYLAND	Maryland b. COUNTY Montgomery
b. CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) ROCKVILLE	c CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) Rockville
d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS o IS RESIDENCE ON A FARM?
110 E. Middle Lane	126 S. VanBuren St.
3 NAME OF First Middle DECEASED	Last 4. DATE Manth Day Year
	CDONALD DEATH August 25, 19 60
5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
Male White WIDOWED DIVORCED	May 5, 1898 (2s birthdoy) Manths 20% Hours Min
10a SUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU-	
Civil Engineer Private Industry	y Washington, D.C. USA
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Grant McDonald	? Kelly
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 II	NFORMANT Wife Address
W. W. I Unknown D	Dorothy Higgins McDonald-Same Item #2
1B CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY-	occlusion 3 min
DUE TO 21	1
Conditions, if any, which) (b) Khelen Stee	heart desease 19415
gave rise to immediate cause (a), stating the under-	
lying cause last. (c)	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
3 congestive hunt for	elece YES NO D
OR CONTRIBUTING DICAUSE OF DEATH	ED. (Enter nature of injury in Port I ar Part II af item 18)
	LACE OF INJURY (Home form, 20f (City or town) (County) (State)
Hour o. m. P. m. 19 While Not while at wark at work	octory, street, office bldg., etc.)
2) I certify that (I) (this haspital) attended the deceased from.	3-12 1957, to 8-25 1960 that (1) (we) ast
	death occurred of anim, from the couses and on the date stated above
220. SIGNATURE	22b. DATE
Stephen C. Cumwell	M D PHYS MED STAFF D 3-25-6
22e PHYSICIANS NAME (Type)	22d. ADDRESS
STEPHEN C. CROMWELL	615 W. Montgomery Ave Rock, ville, M
23d BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY C	OR CREMATORY 23d LOCATION (City, town, or county) (State)
Burial 8-27-60 Rockville	Cemetery Montgomery County Md.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
ROBERT A. PUMPHREY, Bethesda,	Md. DATE AUG 2 9 '60 Chilling S. Kinne

after death. Page 4

may be retained by the haspital or attendir. Abysician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be fined with the State Board of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

law requires that the death certificate be executed within 24 TO HOSPITAL OR ATTENDING PHYSICIAN

VR A15 (4) 15M 9/59

9.50565				Reg. Dist. No
1. PLACE OF DEATH		2 USUAL RESIDENCE (Wh		on Residence before admission)
Montgomery	MARYLAND	o. STATE	b. COUNTY	
b CITY OR TOWN (If autside corporate timits, write	c. LENGTH OF STAY IN 16		utside corporate limits, write RU	JRAL and give nearest fown)
RURAL and give nearest town) Bethesda	/ derre	W	shington	14 7 8
d NAME OF HOSPITAL (If not in hospital, give stree	d days	d. STREET ADDRESS	101111111111111111111111111111111111111	# IS RESIDENCE
OR INSTITUTION		0.000 0.111	1 /11 12 17	ON A FARM? YES NO
3. NAME OF Suburba	Middle	Lost	house St. N.W.	
TO THE PARTY OF TH	_		OF DEATH	
W. J. J. J. Chil	R	Mc Kinley B. DATE OF BIRTH	9. AGE (in years	7 19 6
*****	TA THE TANK	a. DATE OF BIRTH	ast birthday)	Months Days Hours Min
Male White Widow		3/4/08	52 yrs	
10a USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	i. KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (Stote	or fareign country)	12 CIT ZEN OF WHAT COUNTRY
Adm. Officer	CIA	Wash	1. D.C	U.S.A
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Alexander	Kerchoff	Cł	narlotte Mc Kir	nlev
15 WAS DECEASEDEVER IN U. 5 ARMED FORCES? 16		NFORMANT	Addr	ess
[Yes, no, or unknown] [If yes, give war or dates of service]	None	Wife (Helen)	Same as Above	
18 CAUSE OF DEATH Enter only one cause per	tine for (a), (b), and (c),	4 . 1	/	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY	Dr. To MVRO	ewelief L	ution line	ONSET AND DEATH
IMMEDIATE CAUSE (o)	Tunca My V	7	1	11 mays
	Antinianolo	ti 74.	1. 19 10000	10 1/1
Conditions if any, which gove rise to immediate	THE CONTRACT	rud //W	v v w rear	1 1 7 7 7 7
couse (o), stoting the under-				•
lying couse lost. (c)	CONTRIBUTION TO DESTRUCT	LOS DEL CERCOS DO DOS PERSONAL	NATIONAL CONTRACTOR OF THE PROPERTY OF THE PRO	CALINI DA DE LA
Part II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	NALD SEASE CONDITION GIV	PERFORMED?
3				YES NO
OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRED	(Enter nature of injury in)	fort Lor Port II of Item 18)	
20c. TIME OF INJURY Month, Day, Year 20d. Hour o.m. 19 of we	C	ACE OF INJURY (Home, form tory, street, office bldg, etc.	, 20f (City or lawn)	(County) (State
₹ p m 19 of we	e Not while ork of work		l'	
21. I certify that I attended the decea	sed from 8/4	, 1960, to 8	17 1960	that I last saw the decease
alive ap 8/7 19	60 and that death	7.537		d an the/date stated above
2/	7		ADDRESS (Street, city or town,	[//-//-
ACTUAL (Mars & W	Think	77166	Vis coming	Art - Bellevier ou
SIGNATURE 9 CONCES	y are	W.D	in and an	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PHYSICIAN'S James W. Egan				
			In location is	
Entomornent 8/9/1960	Ft. Lincoln M		Washington	D. C.
23 FUNERAL DIRECTOR'S SIGNATURE Dishort A Directory	ADDRESS Rothorda I			STRAK'S SIGNATURE CITCHING B. HIMMA
Robert A. Pumphrey	Bethesda, I	VIAL Y LATTE	AUG 9 '60 C	Www.

the funeral director, and 2 should be filed with and campletely filled Pages 1 papers. death. петах сафон urs after **∏hysician** TO HOSPITAL OR ATTENDING PHYSICIAN.

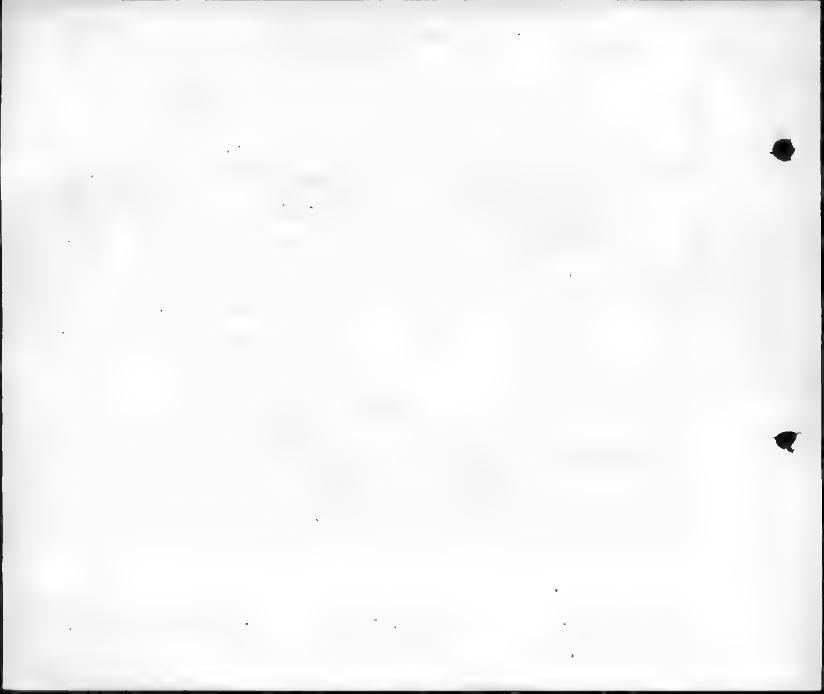
may be retained by the hospital or attendir mysician.

THE IUMERAL HIRECHOR: After this cert ficate has been signed by the attending I page 3 should be detached for use as the burial-transit permit. Then please re the registrar priar to burial, crematian, ar remaval, and in any event within 72

low requires that the death certificate be executed within 24

ofter death. Page 4

VS A15 (4) 15M 9/58



W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) PLACE OF DEATH e. COUNTY n. STATE and 3 to the funeral director, Pagismay be retained for your files. MARYLAND b. CITY OR TOWN (if outside corporate lim ts, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 70 n hospital, give streat address) . IS RESIDENCE ON A FARM? YES NO M. ddie DECEASED OF 5 (Type or print) DEATH with 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 Mrs. lest berhodey) (Months Days Hours Min. 7. MARRIED A NEVER MARRIED 2 with WIDOWED [DIVORCED YES. 10e. ASUAL OCCUPATION (Give kind of work domaiduring most of working life, even if retired) 18. Give Pages 1, 2, 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE ISIA 12. CITIZEN OF WHAT COUNTRY? pages Office along with form PM3. burial-transit permit. Fill page 13. FATHER S NAM 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCEST 1 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or Inkown) [[fyesgivewerordetesofservice] 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) andeles DUE TO Conditions, if any, which (b) gava rise to immediate cause "pending" DUE TO (a), stelling the underlying execute the certificate, writing the word "pending if doe forwards to the Chief Medical Examiner" cause last. ■sed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CERTIFICATION PERFORMED? 2 NO K 20H. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Port I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS age 3 shout to buriel, a PRIMARY IT or CONTRIBUTING IT fear 200 INJURY OCHURRED 200. PLACE OF INJURY (Homa, farm, 20f. (City or town) fectory, street, office bldg., atc.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year at work forwards to the at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 🔀 Inquiry K. end in my opinion death resulted from: Natural ceuses Accident Suicide 1 Homicide Undetermined manner CHIEF MEDICAL EXAMINER 🗍 designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER NAME (Typs) Address (Street, city, town, or county) 22 THE PLAN THE PREMATION, 226. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, of country) REMOVAL Spec (y) <u>0</u>4 ■ 246. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME DATE AUG 5M 7/59



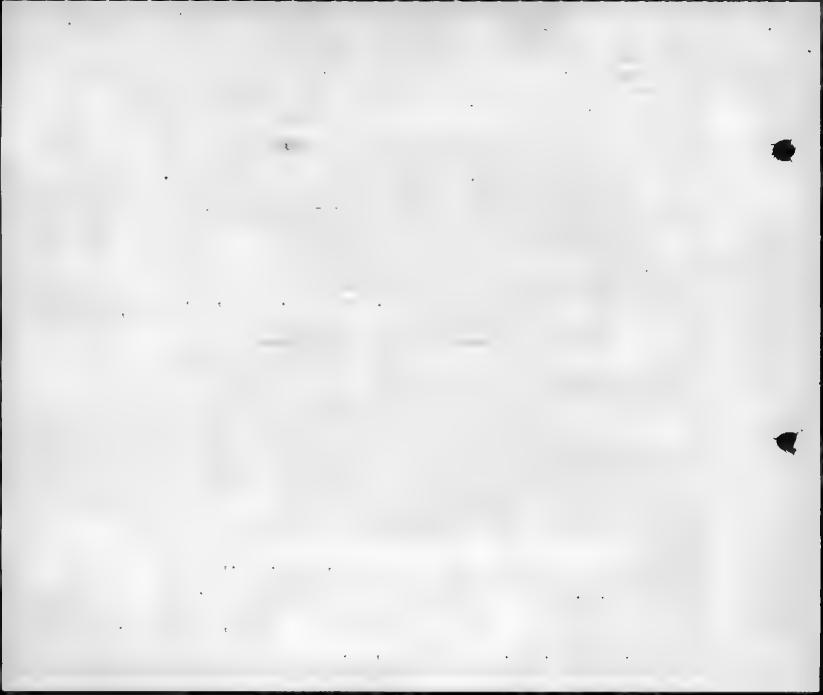
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9280 CERTIFICATE OF DEATH

09325

Reg. Dist. No.

1. PLACE OF DEATH	tgomery			MARYLAND	2. USUAL RESI	DENCE (WE	nere deceased	d lived if instituti b. COUNTY	on Resider Mont	ce befor	e odmus 9 ry	on)
b. CITY OR TOWN (If RURAL and give new Takoma I	orest town)	ls, write	c. LENGTH	OF STAY IN TH	11/4	TOWN (IF o		rate limits, write f	URAL and	give nea	rest fawn	4
d NAME OF HOSPITA OR INSTITUTION Washington S				tal	12803 F		arklan and Dr					FARM?
3 NAME OF DECEASED (Type or print)	Nettie	st	c.	(ADMA)	Meltor		4 DATE OF DEATH	Mor Aug		2 2	,	Year 19 60
5. SEX female	6. COLOR OR RACE White	7. MARI	_	ER MARRIED [8. DATE OF BIRT		19/83	9 AGE (in years last birthday) 7 NGC yrs.	Months	Doys	Hours	ER 24 HRS Min
house	ing lite, even it retired	done 105	KIND OF BU			IACE (Stote	ar foreign co		12. CII		F WHAT	COUNTRY
13. FATHER'S NAME Robert Clo	ายสำ				14. MOTHER'S	MAIDENN Le Big						
15. WAS DECEASED EVER		CES? 16.	social sec		INFORMANT The adder		0	Add n, 12,80		klan Ma	d Dr	ive
Conditions, if an gove rise to in cause (a), stoling the lying cause last.	mediate		Pay-	diac	IT NOT RELATED TO	O THE TERMI	NAL DISEASI	E CONDITION GIV	/EN IN PAR	ONS	PERFO	DEATH
Hour e. n. p. m. 21. I certify the alive on	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER) Month, Day, You 19	or 20d, 1 While at wor	NJURY OCCI Not white of word	JERED 20e. F	PLACE OF INJURY of octory, street, affice the occurred at	Chome, forms bldg, etc.	20f. (City) My from ADDRESS (SI	or tawn) 19 (32) 19 (32) 19 (32) 19 (32)	Othat I		ves on	(State)
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION	Y. Marcu		LCAU	E OF CEMETERY	Si1		. Ave.		or country	*****	<i>Of</i>	3/40
23. FUNERAL DIRECTOR'S	8/5/60	Ea.		N CIMETY R SPRING	ERY		DRLEAN D BY REGIST	RAR 246. REGI	ER GO	GNATUR	E	AIK



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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e. IS RESIDENCE ON A FARMA

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

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(County)

Orthur & Kraca

DATEAUG 11 '60

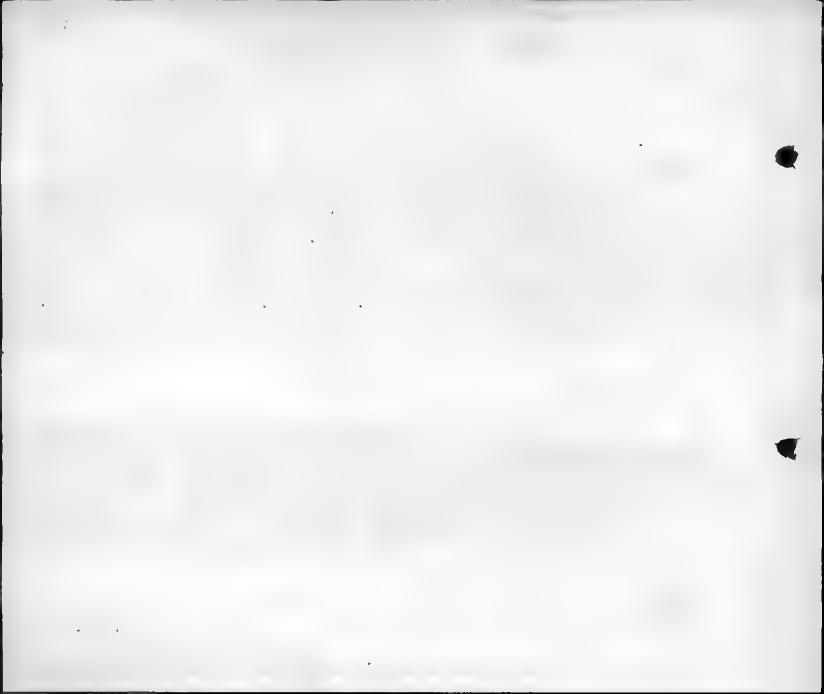
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(Stote)

YES NOT

er death.

VS A15 (4) 15M 10/57



TO HOSPITAL OR ATTENDING PHYSICIAN:

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9387

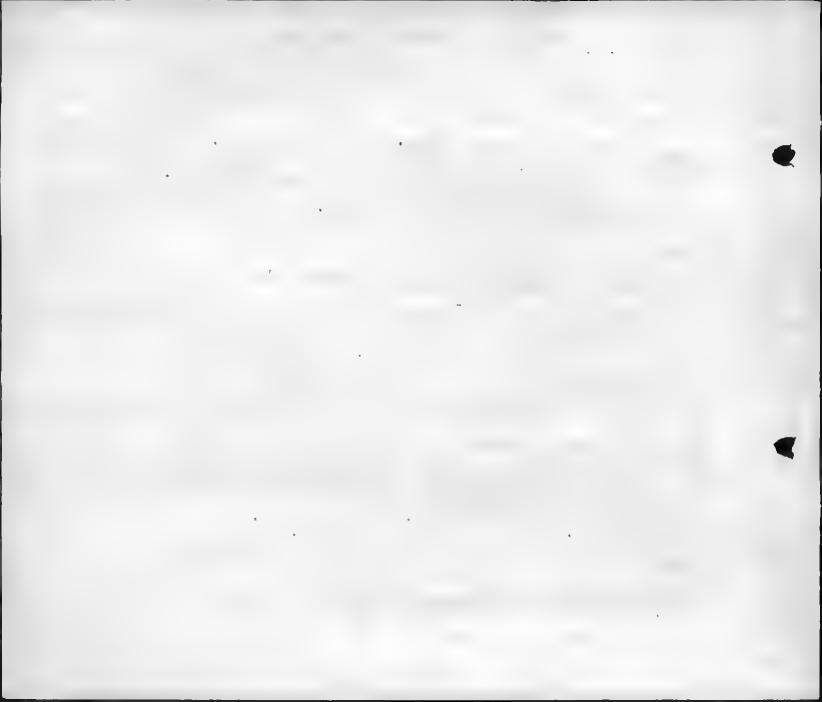
CERTIFICATE OF DEATH

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			Ke	g. Dist. No.
1 PLACE OF DEATH a COUNTY		2 USUAL RESIDENCE (Whe	ere deceased lived. If institution R	es dence before admiss on)
Montgomery	MARYLAND		aryland 6 COUNTY	Baltimore
b CITY OR TOWN (if outside carpotate limits, a RURAL and give nearest town)	write c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF ou	itside corporate limits, write RURAL	and give neares, town)
Bethesda	7 days	d STREET ADDRESS	Lutherville	V V
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION		d SIREEI ADDRESS	1413 Tenbury Ro	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF SUMULTONIA	W.M.dde	200000000000000000000000000000000000000	4. DATE Manth	Day Year
OECEASED (Type or print)		5031	OF DEATH	1960
S SEX 6. COLOR OR RACE 7	MARRIED FIEVER MARRIED	Mengers Sr.	Aug	NDER TYEAR IF UNDER 24 HRS
Mala White	IDOWED DIVORCED		post birthday) Mo	nths Days Hours Min
10a USUAL OCCUPATION (Give kind of work dom		32/3/75 STRY I 1 FORTHPLACE (State of	04	2. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired)	Self		. M aryland	U.S.A
Retired Tailor 13. FATHER'S NAME	Deri	14 MOTHER'S MAIDEN NA		
- 12-17-18-19-19-19-19-19-19-19-19-19-19-19-19-19-			tte Wolters	
TON XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	D. Mengers 7 16 SOCIAL SECURITY NO	NFORMANT	Address Address	VI. al
[Yes, no, or unknown] [If yes, give war or dates of service	e)		The Mangar (Vineta)	XXXXXXXXXX Wash
No		Son C. Randol	lph Menger KXXXX	XXXXXXXX D.C
18. CAUSE OF DEATH (Enter only one cause	per line for (a), (b), and (c)-			INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY:	1 Garle			
578 DUE TO	1 . 1	1 (0.	1 + 7	/
Canditions, if ony, which gove rise to immediate (b)	1.0 C X.	is to the	- Cally Land	4.44
cause (a), stating the under-	· 6, c 7,	t Eut	do store	
lying cause last.) (c)	<u> </u>	0		2.07.1
PART II OTHER SIGNIFICANT CONDITI	Luce Castie		HALDISEASE CONDITION GIVEN II	N PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Pr	ort I or Port II of 'tem 18)	
OR CONTRIBUTING CAUSE OF DEATH				
	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, form,	20f. (City ar tawn)	(Caunty) (State)
Haur a. m. 19	While Nat while 100 at work 1	ctary, street, affice bldg , etc.)		
21. I certify that I attended the de	eceased from 7 - 2 - 7	2 , 1965, ta &	-3 , 1944 that	I last saw the deceased
alive an 3 -3	19 and that death	accurred at The 1-1	M, fram the causes and a	n the date stated above
		A	ADDRESS (Street, city or lawn, state	
SIGNATURE .	Mr. Jly	M.D. 180 EYE	St but live	de l'an 1 d
PHYSICIAN'S I G MITTORY				
270 BURIAL CREMATION, 226. DATE THEREOF BUTIST 8/6/60	220 NAME OF CEMETERY OF LOUDON Park		22d LOCATION (City lown, or con Baltimore, Ma	
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR , 245 REGISTRAL	
211 17	1 11 7/10	A.		S SIGINATURE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9281 CERTIFICATE OF DEATH Reg. Dist. No. 1 (148) 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admiss on) Maryland COUNTY b country filed MARYLAND Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give nearest town]
Takoma Park Takoma Park 1 day d. NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS . IS RESIDENCE ON A FARM? Washington Sanitarium & Hosp. 7009 Poplar Ave. YES TO NO KO NAME OF 4 DATE Middle Month Year DECEASED 19 60 (Type or print) David Tee Messenger DEATH Auga 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO 5. SEX B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Dogs Male DIVORCED | White WIDOWED T Aug. 13. popers. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? corbon g infant Marvland United States 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 50 Virgil Lee Messenger Branda June Cunningham 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Mother (same as above) no 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) nrematuri tv DUE TO Conditions, Wony, which 1bL gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. FICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? buriol YES 🏗 NO 🗌 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f 1City or town) (County) (Stole) factory, street, office bldg., etc.) Hour 9. m. While Not while of work 🔲 of work 21. I certify that I oftended the deceased from Aug. 13 . 19 60, to Aug. 14 ____ 19 60 that I lost saw the deceased , and that death occurred at 12:20pm, from the causes and on the date stated above. ADDRESS (Street, city or fown, stote) DATE SIGNED ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) O FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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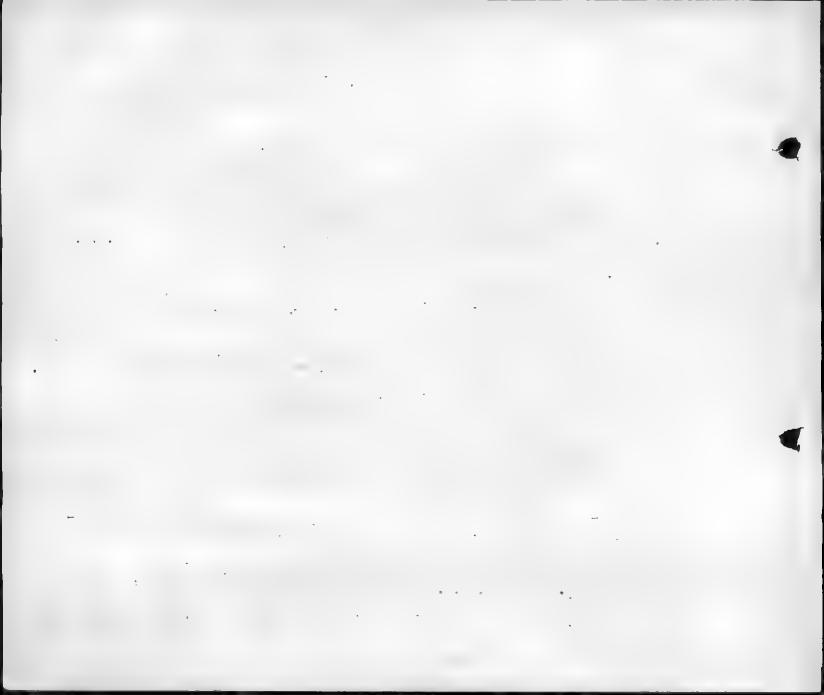
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aw requires that the death certificate be executed within 24 h

ital or attending rysician. this certificate has been signed by the attending physician and completely filled this certificate has been signed by the attending physician and completes. Pages 1 ar use as the burial-transit permit. Then please remove carbon papers. Pages 1 ar to burial, cremation, or remayal, and in any event, wijhin 72 hours after death, or temation.

TO HOSPITAL OR ATTENDING	may be retained by the hosp	UNEKAL DIKELIOK: Arter	ige 3 should be detached to	the Atate Roard of Health price
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	1, PLACE OF DEATH			re deceased lived. If institution	n: Residence before admission)
	Montgomery	MARYLAND	o. STATE Virginia	b. COUNTY	Fairfax 5
	b. CITY OR TOWN (If outside corporate limits, write	c, LENGTH OF STAY IN 15		side corporate limits, write RUI	RAL and give nearest town)
	RURAL and give represt town) Bethesda	139 days	Herndon	C .	
A	d. NAME OF HOSPITAL (If not in hospital, give street		d STREET ADDRESS		. IS RESIDENCE
4	The Clinical Center		Route 666	Por 222	ON A FARM?
	3 NAME OF First	Middle		4. DATE Month	Day Year
	OECEASED (Type or print) Katherine	-		OF DEATH	
		Loraine RIED NEVER MARRIED	Miller	Augus	t 30 1960
	Female White wipowi			lost birthday)	Months Doys Hours Min
	10a USUAL OCCUPAT ON IG ve kind of work done 10b		September 10, STRY [1], BIRTHPLACE (Slote of		12 CITIZEN OF WHAT COUNTRY
	_during most of working life, even if retired)		SIKI II, BIKIAPONCE (Sidie of	roreign cocinity)	
	Reg. Nurse	None	Virginia	*	U.S.A.
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	MŁ	
	Francis L. Barr		Sue Carter		
	15 WAS DECEASEDEVER IN U.S. ARMED FORCES? 16. (Yes, no or unknown (if yes, give war or dates of service,	SOCIAL SECURITY NO 17 II	The Med	dical Record	The Clinical
	No 22	27-111-0210 Ce	enter, NIH, Bei	thesda, Maryla	nd
	18. CAUSE OF DEATH [Enter only one couse per li	ne for (a), (b), and (c)]			INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY: Pul	Lmonary edema			4 days
į	7 X DUE TO			bone and	
	Conditions if ony, which) (b) Car	rcinoma of left	t breast with	lung metastas	is 10 years
	gove rise to immediate				
		ft ventricular	hypertrophy		20 years
	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	ALD SEASE CONDITION GIVE	N IN PART IO 19 WAS AUTOPSY
)	PART II OTHER SIGNIFICANT CONDITIONS				PERFORMED?
	TO ACCIDENT WAS UNIDERWINED TO JOH DEC	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Pa	ert or Port II of tem IB)	
	OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CO				
		NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f (City or fown)	(County) (State
	Hour o.m. While	Not while for	ctory, street, office bldg., etc.)		. , , ,
		rk ot work		<u>i</u>	
	21 I certify that (4) (this haspital) attend	ded the deceased framh	pril 13, 196	O. to August - 30-	y, 19-60, that (#) (we) las
	saw the deceased alive an August 3	19 OU, and that a	death accurred at 114	APRIOM the causes and	
	220 SIGNATURE		ATTENDING MED	STAFF	225 DATE SIGNEI
	22c PHYS CANS	c 4.		CTOR PHYS	8/30/60
	NAME (Type) Leo L. Stolbach	n M.D.	22d ADDRESS The	Clinical Cente	er, NIH,
	23a BUTAL, CREMATION 23b DATE THEREOF	23c MANY OF CHAFTERY 9		LOCATION (C to town, or	county) (Slota)
	murry weg 31,114	a Comment.	Srove Comit	my He	Man. Va.
	2/ JUNGAL DIDECTOR'S SIGNATURE	ADDRESS 1/	1 250 REC'S	REGISTRAR 256 REGIST	TRAR'S S GNATURE
	LIVIRELY SILLY - / MENTY	INCIAHIONNE / L	endo / KDATE	E1 5	



LAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEAR FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) is necessary, director, Page e. COUNTY Health, rel director, Page a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if ours de c. CITY OR TOWN If outs de corporate I m Is, write RURAL and give marest fown) c. LENGTH OF STAY IN 16 write RURAL and give ne d NAME OF HOSPITAL OR INSTITUTION OF d. STREET ADDRESS In hospitel, give street eddress) . IS RESIDENCE Boa ON A FARM? Midd a YES NO Z State NAME OF 4. DATE DECEASED OF the (Type or print) DEATH 1960 with OR OR RACE 7. MARRIED B. DATE OF BIRTH AGE (In yeers) F UNDER 1 YEAR F UNDER 24 HRS hours after deat may 2 NEVER MARRIED [age 5 may 1 and 2 wil 72 hours last birthday) Months Deys Hours 10a USUAL OCCUPATION (Give kind of work Page 1 10b, KIND OF BUSINESS OR INDUSTRY | 11 B RTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) Pages Elle pages 1 form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in pancil in Item 18, Give mificate should be executed within 1 16 SOCIAL SECURITY NO. 1 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes no. or unknown) (If yes a vewer or detes of service) Office along with burial-transit permi IB. CAUSE OF DEATH [Enlar only one cause per line for (a), (b), and (c), INTERVAL BETWEEN 2. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) **DUE TO** ramoval, Conditions, if any, which geve rise to immediate cause "pending" 10 (0) DUF TO rd "pending Examiner" (a), stating the underlying 50 5 cause last. pesn cremation, PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, 6)* 19. WAS AUTOPSY CERTIFICATION PERFORMED? DESCRIBE HOW INJURY OCCURED, (Enter natura of injury In Part I or Part II of item 18.) NO lease execute the cartificate, writing the wor should be forwarded to the Chief Medical FUNERAL DIRECTOR: Page 3 should to its designated agent, prior to burial, crem 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DEPUTY MEDICAL EXAMINER: CAUSE OF DEATH, 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20s, PLACE Of NJURY (Home, farm, 20f, (City or town) (Stata) factory, streat, office bldg., atc.] While Not While al work a) work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 📈 . Inquiry K and in my opinion Natural causes Suicida Undetermined manner death resulted from: Accident Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASS STANT MEDICAL EXAMINER DATE SIGNED SIGNATURE. DEPUTY MEDICAL EXAMINER NAME (Type) LOSCAR-LY Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 22a BURIAL CREMATION . 22b DATE THEREOF 22d, LOCATION (City, lown, or country) 22c. (State) REMOVAL (Spec (v) O ₫40 p KEHOVAL 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59



the attending physicion and completely filled in by the funeral dismitor. Then please remove carbon papers. Pages 1 and 2 should be filled with may be retained by the hospital or attending pricion

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physicion and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death

after death. Page 4

ow requires that the deoth certificate be executed within 24 hid

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

09330

1.	PLACE OF DEATH a. COUNTY MON. THE ONE	ry	MARYLAN	2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) STATE District of Columbia COUNTY
	B CITY OR TOWN (RURAL and give n Dethes(14)	IF outside corporate limits, we earest town)	nte c. LENGTH OF STAY IN 90 days	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C.
*	OR NSTITLT ON	TAL (If not in haspital, give s	street address)	d street address 1677 Columbia Moad, Al., VES NO
3.	NAME OF DECEASED (Type or print)	Timo thy	Middle F	Lost 4. DATE Month Day Year Of DEATH August 29 1960
S	sex ale	Uffect Alex	MARRIED NEVER MARRIED [DOWED DIVORCED	the transfer (98) birthdoy) Months Doys Hours Min
10	dyring most of wor Physicial	ON (Give kind of work done king life, eyen if (etired) 1 retired	10b. KIND OF BUSINESS OR IN	INDUSTRY 11. BIRTHPLACE (State or foreign country) Let iston, Haine 12 CITIZEN OF WHAT COUNTRY? U.S.
13	I. FATHER'S NAME			14. MOTHER'S MAIDEN NAME
y.	Thomas J.	. Hurphy		Marion Downey
15	(es. ne, or unknown)	R IN U.S. ARMED FORCES?	1	U.S. Manager Son. Mr. Elliott Murphy San Jose, Costa Rica
AL CERTIFICATION	Conditions, if or gove rise to it couse (o), storing lying couse lost. PART I. OTI 200 ACC DENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	mmediate the under- (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	DESCRIBE HOW INJURY OCCU	ONSET AND DEATH
MEDICAL		19	While Not while of work	foctory, street, office bldg., etc.)
23	saw the deced 220-Spekiature 22c PHYSIC ANS 104-NF (Type) 30. BURIAL, CREMATIC REMOVAL (Specify)	on, 23b. DATE THEREOF	Marchant Cond the March of CAME OF CEMETER	M. ATTENDING MED STAFF SIGNED PHYS DIRECTOR PHYS DIRECTOR PHYS (SIGNED PHYS) ADDRESS (SIGNED PHYS) ADDRESS (SIGNED PHYS) (SIGNED
24	FUNERAL DIRECTOR	15 SIGNATURE	Ook Hill C ADDRESS C.1756-Pa. One	Vest : AS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE C.M.M. DATE SEP 2 '60 Chilung I. Hama

TO HOSPITAL OR ATTENDING PHYSICIAN: VR A1S (4) 15M 9/59 x . . . (

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M	ARYLAND	STATE DEPARTMENT	OF HEALTH-B	ALTIMORE, 18	B

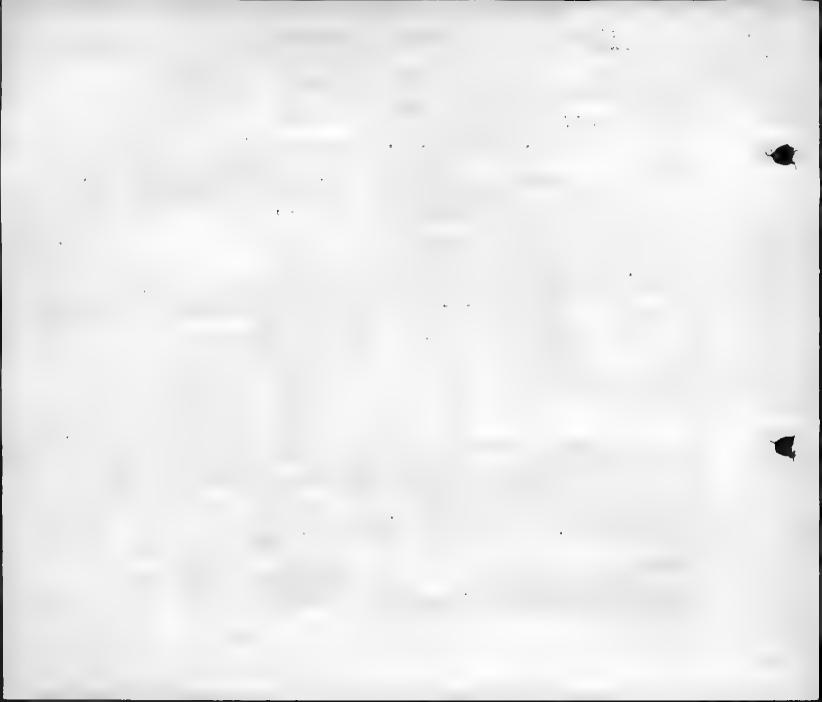
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1,	PLACE OF DEATH OCCUPITY Montgomer	7			MARYLAN	- 11	USUAL RESIDENCE (V STATE Connecti		sed lived If institu b COUNT		ice belare a	dmiss of
	b. CITY OR TOWN (II RURAL and give no Bethesda	f outside corporate filmi	s writ		th of stay in 11		Cheshire	autside cor	porate limits, write	RURAL and	g've negresi	(tawn)
	d NAME OF HOSPIT OR INSTITUTION	At (If not in hospitol, g		et oddress)	_		d STREET ADDRESS	- Paris	,	* -	~ (S RESIDENCE ON A FARM? ES NO M
	NAME OF DECEASED (Type or print)	Fir Rosen	il.		Middle		Lost Marty	4. DATE OF DEAT	Mo	onth	Day	Year 19 60
	SEX	6. COLOR OR RACE			Frances		ATE OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR IF	UNDER 24 HRS
	Female	White		OWED 🗍	DIVORCED [-	ovember 18	. 193	lost birthdoy) 28 yrr	Months	Doys H	avrs Min.
10e	J. USUAL OCCUPATION during most of work	ON (Give kind of work (ling life, even if retired)	lane 1	06. KIND OF	BUSINESS OR IN		11 BIRTHPLACE (Stot			12. CI	IZEN OF Y	VHAT COUNTRY
	Housewife			N	one			ectic	ıt		U.S	.A.
)3	FATHER'S NAME	. 2				1	4 MOTHER'S MAIDEN					
16	John T. W	ilbon Rin u. S. Armed For	ecca I	1	CHAIRN NA 113	DISO	Rosemary					
	i. no. or unknown)	CIN U.S ARMED FOR		16 SOCIAL SE			RMANT The Me				2.0	
-	No			049-21	-	The	Clinical	Center	r, Bethes	da Lu,		land
		TH Enter only and co TH WAS CAUSED BY:									ONSET	AL BETWEEN AND DEATH
	241	IMMEDIATE CAUSE (o	F1	enrugr	uis, chr	onic	of unkno	own ca	use		6 m	onths
	5 /	DUE TO										
	Conditions, if all gove rise to in	n medicte										
	cause (a), stating											
Z	fying couse lost.) (c)		IS CONTENIE II	TING TO DEATH S	HT NO	F DELATED TO THE TER	MIN AT DICE	ALE CONDITION C	Birt into 40	7.7/-1/10.1	MAC ALITADOV
CITIO					_					IVEN IN PAR	P	ERFORMED?
P.	20m ACCIDENT WA	diverticul	206 0	With po	eriorati	on a	and abscess	forma	ation		YE	\$ 🔀 NO 🗌
L CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)		PESCHISE INCH	T AVOKT OCCOR	INTO 1E	me some or more		Girir Oi Helli 10 J			
MEDICAL	20c. TIME OF INJURY	Y Month, Day, Yes	r 20d	I, INJURY OC	CURRED 20e.		OF INJURY (Home, for, street, office bldg., e		ity or town)	(0	County)	(State)
ME	p. m	19	10	work at w	ork 🔲							
	21. I certify th	at I attended the	dece	ased from	May 22,		, 19 60 ta_	Augus	t 15, 196	O that I	last saw	the decease
	alive on Aug	ust 15,)9	,60	and that dec	ith ac	1111010	D .	om the causes			
	1	1.0.1		4					(Street, city or town	s, stote)		DATE SIGNE
	ACTUAL SIGNATURE	hulp to	1	erna	L	M.D	The Clin					-16-60
	PHYSICIAN'S DI	hall and Thansan		3.6 T)					itutes of	Healt	h	
	PHYSICIAN'S PI	hilip Firem	dII	M.D.			Bethesda	14, 1	Maryland_			******
3	BURIAL, CREMATIO	t 19	F)	St. NA	ME OF CEMETERY Bridge				ATION (City, town,	• * *	octio	(State)
23.	FUNERAL DIRECTOR				RESS			C'D BY REG		SISTRAR'S SIG		<u> </u>
I	ron vhee	ler Funer	'a '	Home.	Rockvil	le!	lon ter DAREV	e Aug 1	9 '60	arthur	S. France	A
								10111				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Payers after death. Page 4 may be retained by the haspital or attend.

TO FUNERAL DIRECTOR: After this certificate as been signed by the ottending physician and completely filled by the funeral director.

TO FUNERAL DIRECTOR: After this certificate as been signed by the ottending physician and completely filled by the funeral director.

TO FUNERAL DIRECTOR: After this certificate as the burial-transit permit. Then please remove carbon papers. Pages I daid 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.



Then please remove corbon popers. Pages 1 and

TO HOSPITAL OR ATTENDING PHYSICIAN. Tow requires that the death certificate be executed within 24 h% may be retained by the hospital or attending signal.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and the Stom Board of Health prior to buriol, cremation, and in any event, with n 72 hours after death.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND **CERTIFICATE OF DEATH**

09332

			~~~~~							
1 PLACE OF DEATH 0. COUNTY Montgome:	~~~		MARYLAND	2 USUAL RESIDE		ere deceased	l ved   If institut b. COUNTY		nce before od	mission).
b CITY OR TOWN (	f outside corporate limits, w	vrite c.	LENGTH OF STAY IN 16			utside corpor	ote limits, write	RURA, and	give negres!	lown)
RURAL ond give no Bethesda	Rural		5 hours				l Avenue			
d NAME OF HOSPIT	AL (If not in hosp to I give i	street add		d STREET A		lenne T	NACTING			RESIDENCE
OR INSTITUTION	l Hospital			Lexi	ingtor	Park	Ţ.	Y-		N A FARM?
3. NAME OF DECEASED	First		Middle	Los		4. DATE OF		nth	Day	Year
(Type or print)	Joyc	e	Ann	NEH	L	DEATH	AUG	JUST	18	1960
5 SEX	6 COLOR OR RACE 7	MARRIFE	NEVER MARRIED 🔣	B DATE OF BIRTI	_		9. AGE (In years lest birthday)	Months	R I YEAR IF U	
Female	Caucasianw	DOWED	D VORCED [	8-17-6	60		yrs		Doys Hou	Jrs Lili
100 JSJAL OCCUPATIO	ON (Give kind of work done king I fe, even if retired)	10b. Kil	NO OF BUSINESS OR INDU	TRY 11, BIRTHPL	ACE (Stote	or foreign co	untry)	12 CI1	TIZEN OF WH	AT COUNTRY?
Child	ing ite, even il retired)				Maryle	and		Ţ	J.S.A.	
3. FATHER'S NAME				14 MOTHER'S	MAIDEN N	IAME				
Robert J	. NEHL			Shar	ron E	. ROBI	nson			
	R IN U. S. ARMED FORCES		CIAL SECURITY NO. 17 IN	FORMANT			Ad	dress		
No No	(If yes, give war or dates of service		None Ro	bert J.	NEHL,	Same	as #2			
	ATH [Enter only one couse	per line I	for (a), (b), and (c).]	011	1 1		1			L BETWEEN
PART I, DEA	TH WAS CAUSED BY: \( \) IMMEDIATE CAUSE (0)	Tie	onatal	afer	lette	uses	<u> </u>	_		
107	DUE TO	,								
Conditions, if o	ny, which ) (b)									
gove rise to i couse (c), stating	m mediote (									
lying couse lost.	(c)									
PART II OTH	1 7	ONS CO	NTRIBUT NG TO DEATH BUT	NOT RELATED TO	THETERMI	NAL D SEASE	COND T ON G	IVEN IN PA	RT 1(o) 19 W	AS AUTOPSY
18		M	emallisi	ti,						□ NO K
E OR CONTRIBUTING	AS UNDERLYING 206 CAUSE OF DEATH MEDICAL EXAMINER	DESCRI	BE HOW INJURY OCCURRE	D (Enter nature o	Finjury in I	Port I or Port	If of item IB )			
3 20c TIME OF INJUR	Y Month, Doy, Year	20d. INJE	JRY OCCURRED 20e PL	ACE OF INJURY (	Home, form	20f (City	or lown)		(County)	(Stote
Hour o.m.	10	White of work [	Not while for ot work	ctory, street, office	bldg , etc.					
21 I certify the	it (I) (this hospital) o	ttended	d the deceased fram	8-18-	19	60 ta	8-18-	19_f	60, that (	l) (we) los
saw the deceas	sed alive an 8-18	-	19_60, and that a	leath accurred	d of7:4	GAM om	the causes a	nd an th	ie date sta	ted abave
220 SIGNATURE	. 0 .0	3								22b, DATE
1 Thu	(11) (Ny 12)	0		M.D PHYS	G □ MI	ED RECTOR	STAFF PHYS X	8-1	8-60	SIGNED
22c PHYSICIAN'S				22d ADDRI	ESS					
Fred W	. GRELLO			U.S.	. Nave	al Hosp	pital, F	ethes	da,Md.	
230 BUR AL CREMATIC	N, 236 DATE THEREOF	2	23c NAME OF CEMETERY O	R CREMATORY		23d LOCAT	ION (City, town	or county)	1	(Stote)
REMOVAL (Spec fy)	8-18-60		Holy Face			Lexi	ngton P	ark,	Maryla	nd
24 FUNERAL DIRECTOR		1 . A	ADDRESS		25a REC*	D BY REGIST	RAR 256 REC	SISTRAR'S S	IGNATURE	
TYSON WE	EELER FUNERA	L HO	ME, ROCKVILLE,	MD.	DATE	0.0.100			4.4	
						2 2 160	-	the state of	TO DESCRIPTION OF THE PARTY OF	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

09333

9392	CERTIFICATE OF DEATH	03397
1 PLACE OF DEATH MONTGOMENY	MARYLAND 2. USUAL RESIDENCE (Where decoded	b COUNTY MONTEOMISS on)
B CITY OR TOWN (If outside collodrate limits write) B RJRAN and give rearest town)	9 yrs, Behesan	te lynits, write RJRN and g ve (negrest town)
d, NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	Bethocks 1001 Hentbury	DRIVE, SERBORENCE
3 NAME OF DECEASED (Type or print)	Josephine Nivent DEATH	AUSUST 250 19 COL
Demate White woow	EDD DIVORCED DEC. OF 10101	last birthdal) Months Days Hours Min
10a USUAL OCCUPATION (Give kind of work done 10b. during most of work ng life, even if retired)  13 FAMEL'S NAME	KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign cou	VAINI 2 CITIZEN OF WHAT COUNTRY
Alon 20 H. Irave	15. MARY ANN	e MC CANN
(14 yes, give war or dates of service)	None. Mrs. Lornelia N. III	den Bothestay
18 CAUSE OF DEATH {Enter only one cause for it PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne mia and shock.	MIERVAL BETWEEN
Conditions, if any, which	astrointestinal hemor	rhage. Is min
lying couse lost	THOMBOON OPENIC POLL	oura 3 mos.
CATIC	CONTRIBUTING TO DEATH BUT WOT RELATED TO THE TERM NA DISEASE	YES NO
OR CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH CONTRIBUTING EXAMINER	CRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port I	1 of item 18 )
Hour a.m. While	NJURY OCCJRRED Not while tk at work 200. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)	r town) (County) (Stote
21 1 certify that (I) (this hearital) attends say The deceased glive and the control of the cont	ded the deceased from $3000$ , 1900; to A	he couses and an the date stated above
220 IGNATURE VICE VICE	M.D. PHYS MED DIRECTOR	STAFF PHYS.   22b DATE SIGNE
GRANDE A. GRE	TRIMD 4140 CheunC	nase DR. Marula
		ONLIG to Tomorrow (Cont.)
23d. BURIAL CREMATION, 23b DATE THEREOF BURIAL (Specify) August 30,196		ON (C ty town, or county) (Stort) andria, Virginia.

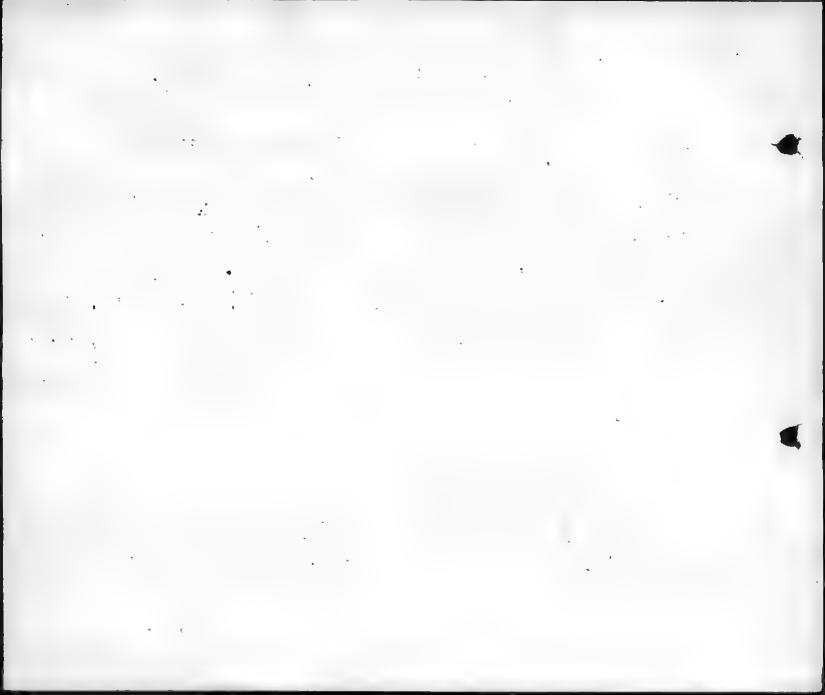
ofter death. Page 4 may be retained by the hospital or attending protection.

TO FUNERAL DIRECTOR: After this cert frate has been signed by the attending physician and completely filled in by the funeral director page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be friedown the State Board of Health prior to burial, cremation, ar removal, and in any event within 72 haurs after death. aw requires that the death certificate be executed within 24 h TO HOSPITAL OR ATTENDING PHYSICIAN.

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

0000=

255. REGISTRAR'S SIGNATURE

arthur S. Kraus

250 REC'D BY REGISTRAR

DATE

SEP 1

'60

9.	393	T.	CERTIFIC	ATE	OF DEATH	1		Ų.	330	)5	
1. PLACE OF DEATH COUNTY Montgome	ry		MARYLAN		USUAL RESIDENCE (W o STATE  Maryland		ed lived - f institut - b - COUNTY	on Residence Prince	e before 3 Ge	odmissic orge	or)
b CITY OR TOWN RURAL and give Bethesda	(If outside corporate lim		c. LENGTH OF STAY IN 1	ь	c. CITY OR TOWN (F	outside carpo	orote limits, write f	URAL and g	ive fleare	est fown)	)
OR INSTITUTION	ical Center	,	actor oggs	1		pec St	reet			ON A F	FARM?
3 NAME OF DECEASED (Type or print)	Alvina	rst	Mari e		Parise	4. DATE OF DEATH	Mod Augu		00y		9 60
s sex Female	& COLOR OR RACE	7 MARE	NEVER MARRIED	3 8 0	nuary 24, 1	.923	9. AGE (n years lost birthday) 36 yrs		_		
10a USUAL OCCUPAT during most of we Housewife 13. FATHER'S NAME	orking life, even if retired	done 10b	None	_	I BIRTHPLACE (Store		country)		J.S.A	WHATCO	DUNTR
Cornelius	Moermond	OCE C2 14	SOCIAL SECURITY NO. 11		Marie Ov	ernan	Dogge Add	trans			
(Yes, no. or unknown) No	(If yes give war or dates of	recyce) _			Clinical C						
PART I DE	EATH [Enter on y one or EATH WAS CAUSED BY. IMMEDIATE CAUSE (c	Br	ain abscess	a de al a a	and a				ONSE 2	val BET T AND I	ks.
Conditions, if ony, which gave rise to immediate couse (o), stoting the under-lying couse lost  DUE TO  (c) Hodgkin's Disease					III LEC				3	yea	
PART II. O	THER SIGNIFICANT COM	ADITIONS (	CONTRIBUTING TO DEATH	BLT NO	T RELATED TO THE TERA	M NAL DISEAS	SE CONDITION G	VEN IN PART		WAS A PERFOR YES X	RMED?
S OR CONTRIBUTION	VAS UNDERLYING [] IG [] CAUSE OF DEATH IY MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY OCCU	JRRED. (I	Enter noture of injury in	Part I or Po	ct (  of item 18 )				
ZOC. TIME OF INJU	10	While of wor	Not while		OF INJURY (Hame, for , street, affice bldg., el		y or town)	ſĊ	ounty)		(Sto
	21 I certify that (17 (this haspital) attended the deceased fram December 3, 19.59, to August 30, 19.60, that (14) (we) la saw the deceased alive on August 30, 19.60, and that death occurred of 1:10 PMom the course and on the date stoted above 226 DATE										
22c PHYS C AN'S		302	20 /2.	M. D		MED D RECTOR [	staff m		8/30		SIGNI
NAME (Type)	VIIIOCITO III		o, Ar., M.D.		Bethesda	14, M	lary land				
230 BURIAL, CREMAT		) F	BATE OF CEMETER	11.	REMATORY # V ( /·)	230 LOCA	CATON City town,	, ,	N.D	(Stole	:)

the funeral 9 should TO HOSPITAL OR ATTENDING PHYSICIAN TO we requires that the death certificate be may be retained by the haspital or attending systician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician page 3 shauld be distached far use as the burial-trans. I permit. Then please remave cart the State Board of Health priar to burial, crematian, or remaval, and in any event, within it.

01

24 FUNERAL DIRECTOR'S SIGNATURE

4. W. Taltaruil

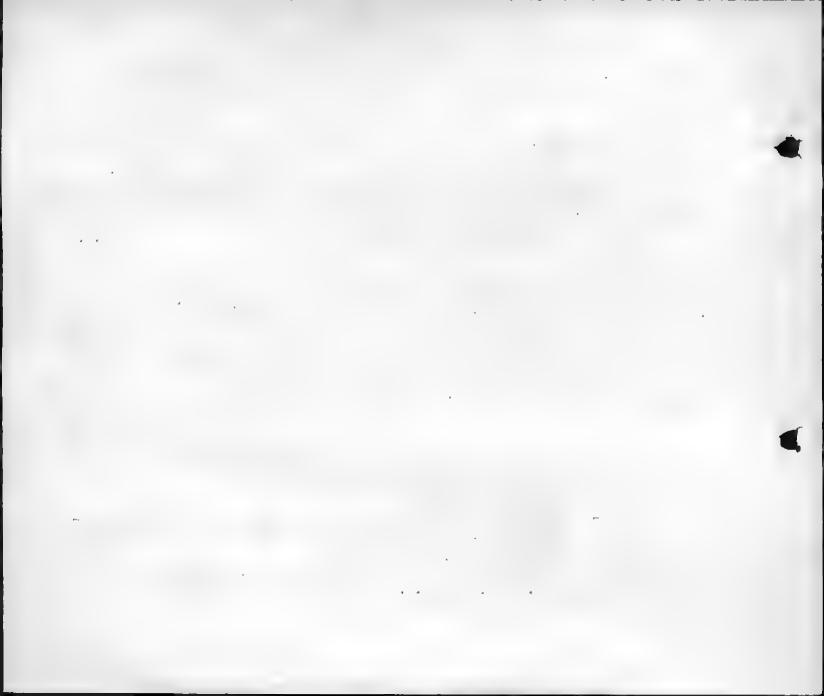
3603 142 HESS

NNW

requires that the death certificate be

er death Page 4

VR A15 (4) 15M 9/S9



OVVVVV



MARYLAND STATE DEPARTMENT OF HEALTH



09338

	0000	GENTIII GA	E OI DEATH			0000				
1	PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who, STATE Maryland		If institution Reside COUNTY Montgo					
	b CITY OR TOWN (If outside corporate imits, write RURAL and give nearest tawn)  Bethesda	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If o		ts, write RURA, and	give nearest lown)				
_	d. NAME OF HOSPITAL (If not in haspital, give street OR NST TUT ON		d. STREET ADDRESS	TR	1	e IS RESIDENCE ON A FARM?				
	The The State of t	nesda 14, Md.	95 East Way	me Street	Apt. #	YES NO				
3	NAME OF DECEASED (Type or pr nt) Carol	Ann	Pe <b>rs</b> un	4 DATE OF DEATH	August	26 19 60				
5	Female COLOR OR RACE 7 MARK		April 17, 19		( n years   IF UNDE pirthdoy)   Months yrs	R 1 YEAR IF UNDER 24 HRS Doys Hours Min				
1 (	au USUAL OCCUPAT ON (G ve kind of work dane lob, during most of warking life, even if retired)  Child	None	TRY 11. BIRTHPLACE (Stote  Maryla		12 CI	TIZEN OF WHAT COUNTRY				
1	FATHER S NAME	210420	14. MOTHER'S MAIDEN N							
1	Emil M. Persun		Eutha Mae	Pumphrey_						
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (15 yes, give wor or dates of service)	SOCIAL SECURITY NO 17. INI	FORMANT The Med	lical Reco	rd Address					
L	No	None The	e Clinical Ce	nter, Bet	hesda 14.	Maryland				
	Conditions, if only, which gove rise to immediate couse (o), stoting the under-lying couse lost.	Cystic Fibrosis				ONSE AND DEATH O YEARS				
CEDTISICAT ON	PART II OTHER SIGNIF CANT CONDITIONS					PERFORMED? YES A NO				
		CRIBE HOW INJURY OCCURRED	. (Enter noture of injury in t	POFT   OF POFT IS OF STR	em es ;					
INCOICE.	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o. m. 19 at wark at wark at wark 19 a									
	21 I certify that (I) (th's haspital) attended the deceased fram August 22, 1960, to_August 26, 1960, that (I) (we) lost saw the deceased give an August 26 1960, and that death accurred at 7:100, from the causes and an the date stated above 270 SIGNATURE  ATTENDING MED DIRECTOR STAFF X 8/26/60  221. PHYSICIAN'S NAME (Type) High Evans M.D.  222. PHYSICIAN'S NAME (Type) High Evans M.D.									
2	Hugh Evans, M.  30 BURIAL CREMATION, 236 DATE THEREOF	D. 23c NAME OF CEMETERY OR	Institute	s_or_Heal	the Bethe	sda 14. Md.				
Ĺ	REMOVAL (Specify) BURIAL 8/29/60	FT. LINCOLN CE	METERY	PRINCE GE	ORGES COU	NTY, MD.				
2	TAKNER TER'S SEMPTIREY, INC.	. ASTEVER SPRI	no, mo	D BY REGISTRAR   G 3 D '60	255, REGISTRAR'S S					

may be retained by the hospital or attending. Asiation.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 3 should be detached for use as the buriot-transit permit. Then please remove corban papers. Pages 1 and 2 should be frad-with the State Board of Health priar to buriot, cremation, or removal, and in any event within 72 hours after death. aw requires that the death certificate be executed within 24 hail TO HOSPITAL OR ATTENDING PHYSICIAN:

VR A1S (4) 1SM 9/59

offer death. Page 4

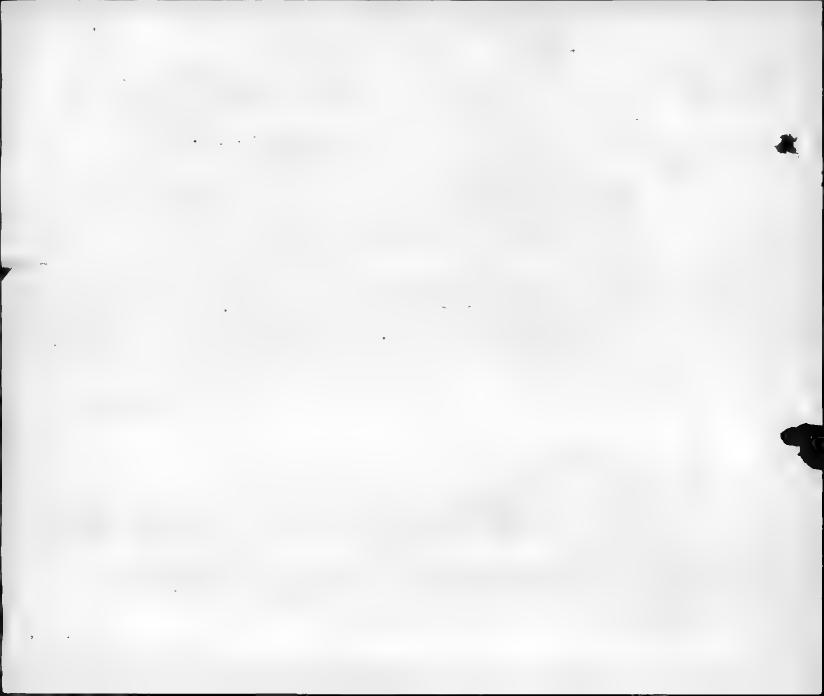


VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9283 **CERTIFICATE OF DEATH**  19339 Reg. Dist. No.

J.										
	a COMNEY.	2. USUAL RESIDENCE [Where deceased lived. If institution: Residence before admission]  o STATE  b. COUNTY TO BE GROWING								
Ж	mont gomery MARYLAND	mar-/Land Prince Georges								
4	b CITY OR TOWN (If outside corporate limits, write) ic LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
ı	RURAL and give nearest town) Takoma Park ?	Hyattsville								
1	d. NAME OF HOSPITA. (If not in hospital, give street address)	d STREET ADDRESS e. 15 RESIDENCE								
H	OR INSTITUTION	630 Sheridan Street ON A FARM?								
ŀ	Wash San and 1701p									
	3 NAME OF DECEASED (Type or print) Frances. Marian Pha	Lost 4. DATE Month Day Year OF DEATH all 4 20 1960								
ŀ		DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS								
	7-emale White WIDOWED   DIVORCED	8-28-1904 lost birthday) Months Days Hours Min								
Ì	100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stole or foreign country) , 12 CITIZEN OF WHAT COUNTRY?								
	Refired - Sacy 2+ Eliz. Hop	Derworth Md Amer.								
J		THE MOTHER'S MAIDEN NAME								
13. FATHER'S NAME										
L	Frank Fraley	Vanda Johnson								
1		FORMANT Address								
	no (If yes, give wor or dofe of service) 577-56-7053 H	Mospital Records								
ľ	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN								
-	PART I. DEATH WAS CAUSED BY COCO Dral He									
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
1	431 DUE TO HELDON LOUISING METAL DISCUSSION 100000									
- ]	Conditions, if any, which by 19 per 18 18 18 18 18 18 18 18 18 18 18 18 18									
1	couse (o), stoting the under-	gove rise to immediate DUE TO								
-1	lying couse lost. (c)									
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY								
ı	E Goursolin and Quelan	PERFORMED? YES NO THE								
	206 ACCIDENT WAS UNDERLYING DON'T CONTRIBUTING CONTRIBUTING CAUSE OF DEATH OF STATE OF STATE OF DEATH OF STATE									
	3 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)								
Hour o. m. While Not while foctory stress, office bldg., etc.)										
	21. I certify that I attended the deceased from	7, 19 5 10 17 20, 19 Ghat I last saw the deceased								
alive an 1960, and that death occurred at 11 MM, from the causes and an the date st										
		ADDRESS (Street, city or town, state) DATE SIGNED								
ACTUAL 1200 - 10620 Georgia Rev Ace										
	SIGNATURE	V. Carabananananan ang ananan ang								
	PHYSICIAN'S GEORGE L TSall	School Spring Mile								
	220 BURIAL CREMATION, 226 DATE THEREOF 226 NAME OF CEMETERY OR	CREMATORY / 22d. LOCATION (City, town, or county) (State)								
	Burial 8/23/60 Cedar Hill									
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE								
	THE COLL WILLIAM	4 //								
	the 2 11 the st x 10 million	In - DATE AUG 23'63 Juning S. Knows								

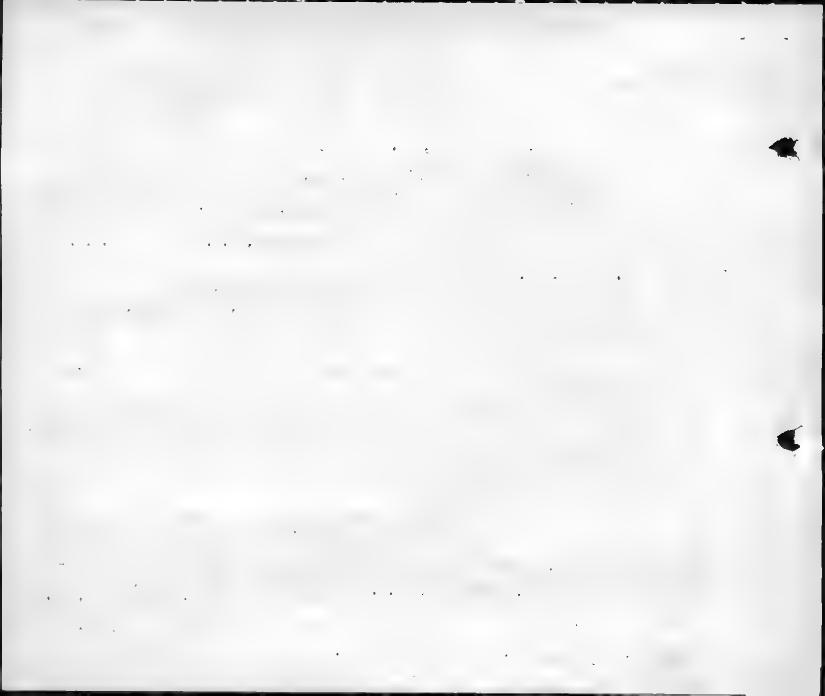


1		CERTIFICATE OF DEATH													
렉	9	LACE OF DEATH COUNTY Montgomery		MAR	YLAND	2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission of STATE b. COUNTY Montgomery						mission)			
	b	C TY OR TOWN (If RURAL and give nea		Y !N 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)										
		Bethesda	s 4m2	90 days		Silver		ng							
		OR INSTITUTION	al Center, Bu		Md.	4 STREET ADD		nnd S	troot		0	RESIDENCE N A FARM?			
		NAME OF	First	Middl		Last		4. DATE	Mor	- s.L	D	Year			
		PECEASED Type or print)	Robert	Aloys	_	Phelps,	II	OF DEATH	Augu		21	19 60			
	5 \$	EX	6. COLOR OR RACE 7.	MARRIED NEVER MARE	RIED ┲ 🛭	. DATE OF BIRTH			9. AGE (In years tost birthday)			NDER 24 HR			
	-	Male		DOWED DIVORC		December :		1946	13 yrs		Days Ho				
		during most of working	N (Give kind of work done ng life, even if retired)	10b KIND OF BUSINESS	OR INDUS			-	_			AT COUNTRY			
	_	student		None		<del>, _ ' </del>		on, D	.C.		U.S.A	•			
1		FATHER'S NAME				14. MOTHER'S MA									
	_		Phelps, Sr.		т		Carolyn Brown								
/			IN U.S. ARMED FORCES? yes, give wer or dates of service)			FORMANT The									
		Vo		None	Th	e Clinica	1 Ce:	nter,	Bethesd	a 14,	Maryl	and			
		IB CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c) ]										L BETWEEN			
		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE [6] Preumonia 2 de									lays				
		JUL 2 DUE TO													
		Conditions if ony, which) (b) Acute Lymphocytic Leukemia								4 m	onths				
		gove rise to immediate Cause (a), stating the under-									<u> </u>				
		lying cause last.	(c)												
	CATION	PART E. OTHE	R SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO D	I TL8 HTA3	NOT RELATED TO TH	HE TERMIN	AL DISEAS	E CONDITION GI	VEN IN PART	PE	REORMED?			
		DD 45-105-7	man 😝 Tânt								YES	NO E			
20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Irem IB.)  20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Irem IB.)  (If EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Manth Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form 20f (C by or town) (County)															
									ounty)	(Stot					
	MEDICAL	Hour o m.		Vhile Not while	loci	ary, street, office bl	dg , etc.)								
		21 I certify that (I) (this hospital) attended the deceased from. May 23 19 60 to August 2119 60 that (I) (we) la													
saw the deceased alive an August 21 1960, and that death accurred 3:258M, from the causes and an the date 220. SIGNATURE									nd an the						
										22b DATE					
		K E	· Biese	lback-	^	ATTENDING	D R	ECTOR []	STAFF PHYS 🙀		8-2	1-60°			
		22c PHYS C AN S NAME (Type)		272277224	34.5	22d ADDRESS	The	Clin	ical Cen	ter. N	ation	al			
		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	RICHARD E.	RIESELBACH,	M.D.	Instit	utes	of He	ealth, B	ethesd	a ll,	Md.			
	23a	BUR AL CREMATION	235 DATE THEREOF	23c NAME OF CER	METERY OR				IION (City town,			(State)			
700	BI	REMOVAL (Spec fy) URIAL	8/24/60	GATE OF 1	HEAVE	N CEMETER	Y	MON	GOMERY 1	COUNTY	, MD.				
19	24 1472	FUNERAL DIRECTOR'S	SIGNATURE INC	. SILVER S	PRING	, MD.	Kı	BY REGIST	(00)	ISTRAR'S SIG					
	17	3/3/1737 1 61/0	11.00.1			D.	ATE AL	7	00	7. TLun f	Transata				

ofter death. Page 4 the funeral director, should be fixed with TO HOSPITAL OR ATTENDING PHYSIC's properties that the death certificate be executed within 24 hebritage may be retained by the hospital or aftending yestion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached for use as the busial-transit permit. Then please remove carbon papers. Pages 1 and 2 the State Board of Health prior to busial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/5



VS A1E (4) 15M 9/5E

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
9297	CERTIFICATE	OF DEATH	

	0001			• •		Reg. Dist. No	h.	
PLACE OF DEATH			2 USUAL RESIDENCE (W	/here deceased		n. Residence befo	ore admission)	
Mon	ntgomery	MARYLAND		ryland	b. COUNTY	Mont	Co.	
RURAL and give near		c LENGTH OF STAY IN 15	c. CITY OR TOWN (IF	oulside corpor	ole imits, write RU	RAL and give ne	erest town)	
	thesda	l day-4hrs		German	town			
OR INSTITUTION	(If not in hospital, give street	oddress)	d. SYREET ADDRESS	Nama			e. IS RESIDENCE ON A FARM? YES NO	
NAME OF	First	Middle	Lost	None 4. DATE	Ma at			
ORCEASED (Type or print)	-	/Middle		OF DEATH	Month	0 20/0	oy Year 19	
	ROY COLOR OR RACE 7. MAR	RIED TO NEVER MARRIED	11mmer B. DATE OF BIRTH		9. AGE (In years	FUNDER YEA	R IF UNDER 24 HT	
Male	colored wibow		Aure 5.			Months Doys	Hours Min	
during most of working	(Give kind of work done 10b	KIND OF BUSINESS OR INDU				12. CITIZEN C	F WHAT COUNTR	
	nt Operator	State Rd. Co	omm. Maryla	nd		U	.S.A.	
. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
Harry P	lummer		Lidie S	mith				
	N U. S. ARMED FORCES? 16	SOCIAL SECURITY NO II	NFORMANT		Addre	ss		
No		217-18-8782	Gladys L Pl	ummer/S	iame as a	hove		
	Enter only one couse per l					INI	ERVAL BETWEEN	
PART + DEATH	WAS CAUSED BY:	3 - K - 1	John den	a bear		ON	SET AND DEATH	
a a d prom	MMEDIATE CAUSE (o)	erevice_	7	a Common and a	11.		30 100	
	All Transit His Gold Land Greeken							
Conditions, if ony	ne di ote	V DOSE COLOR	2100	2 -7				
couse (o), stating the		//						
lying couse lost.	) (c)							
PART I. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THETERA	AINAL DISEASE	CONDITION GIVE	N AN PART 1(o)	P WAS AUTOPS PERFORMED? YES NO [	
OR CONTRIBUTING	UNDERLYING [] 206. DE: CAUSE OF DEATH EDICAL EXAMINER)	SCRIBE HOW INJURY OF CURRE	D. (Enter noture of injury in	Port I or Port	II of item 1B }	· ·		
20c. TIME OF INJURY Hour o. m.		L.	ACE OF INJURY (Home, for	m 20f. (City	or town)	(County	(Stot	
Hour o.m.	19 - While		arry, sineer, office blog., en	(6.)				
21. I certify that	) attended the decea	sed from \$1/8/	60, 19 to 8	8/4	19601	hot I lost so	w the decease	
alive on 3/	9/60 19	and that death			he couses and			
dive on		- dila ilai dealii	occorred diamana.		eet, city or town, s		DATE SIGN	
ACTUAL SIGNATURE	time Es. C	THE I'VET	M.D. 9400 C	624	45 · Cl 2	<u>4</u>	8/9/4	
PHYSICIAN'S NAME (Type)	OHN F.	EVERF 17	tem	4.2	07 1	44		
BUR AL, CREMATION,	8/12/60	22c. MAME OF CEMETERY OF	R CREMATORY		ION (City, fown, or thersburg		(Stote)	
FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS A	.m / 240. REC	'D BY REGISTI	RAR 24b REGIST	RAR'S SIGNATU	JRE	
Xxle Lt -	the will	Lacker	( PATELL	6 1 2 '60	Cuth	of S. Kran	A	



Lexington

d STREET ADDRESS 318 Given

Lost

10

IS RES DENCE

YES NO KK

Year

19

60

2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)
a. SIATE
b. COUNTY

c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)

Month

AUGUST

4. DATE OF DEATH

b. CITY OR TOWN (if outside carparate limits, write RURAL and give nearest town)

Bethesda (Rural)

U.S. Naval Hospital

Donald

d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION

POWELL

MARYLAND

c. LENGTH OF STAY IN 16

Middle

650ays

Norris

	15
V	r

filed with ag p

director,

funeral

NAME OF

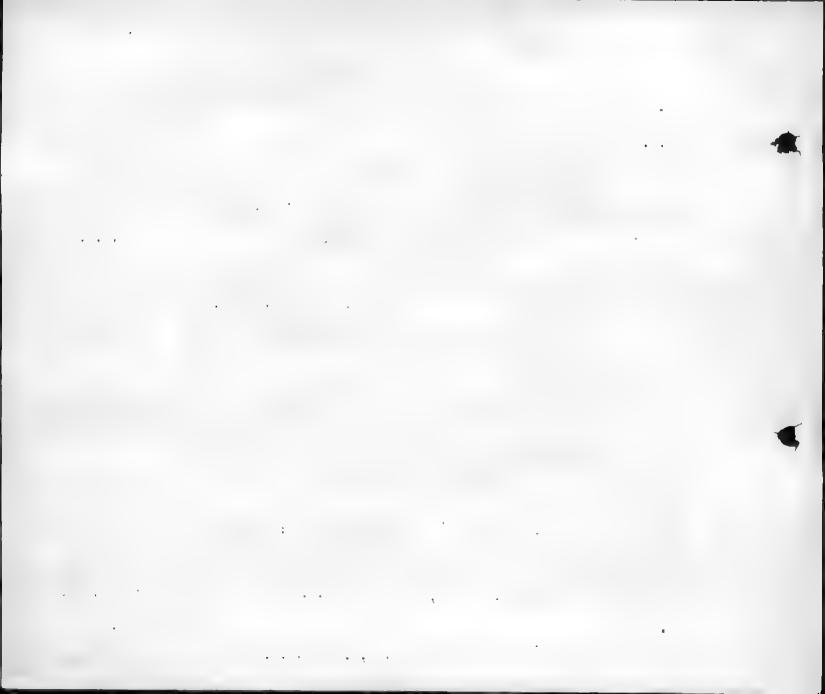
(Type at print)

and

ed in Pages in any event, within 72 hours after death popers ond camp physicion remove by the attending please pup been signed by Intransit permit. remayal, may be retained by the haspital or ottending fixing and TO FUNERAL DIRECTOR: After this certificate has been signed 3 should be detached for use as the burial-transit the State Board of Health prior to burial, cremation, ar in

TO HOSPITAL OR ATTENDING PHYSICIAN: VR A15 (4) 15M 9/59

			LEVER MARRIED	*	last birthday)	
Male	Caucasian		DIVORCED [			
during most of war	ON (Give kind of work i king life, even if retired)	dane 10b KIND OF	BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Stoke	ar fore gn country)	12 CT ZEN OF WHAT COUNTR
Navy				Kentucky		U.S.A.
3. FATHER'S NAME				14 MOTHER'S MAIDEN	NAME	
William	POWELL			Annie L	FYFREIL	
S WAS DECEASED EVE	ER IN U.S. ARMED FOR		ECURITY NO 17	, INFORMANT	Ad	dress
es	WWII Korear		1	rs. Virginia k	4. Powell 318_	Given Lexington, K
18 CAUSE OF DE	AJH [Enter anty one co	use per ine for (a)	(b), gnd (c),			INTERVAL BETWEEN
PART I DE	ATH WAS CAUSED BY	Hode	KIMS	D: Scare		ONSET AND DEATH
1.50	DUE TO	,	1			700
Canditions, if so	ALL LIKELY					
gave rise ta i	immediate ( BUE TO	•				
lying cause last.	me under-					
	, , ,		ITING TO DEATH E	LIT NOT RELATED TO THE TERM	HINA, DISEASE CONDITION G	IVEN N PART I(a) 19 WAS AUTOPS
5	1111 3 01111101111111111111111111111111	•	, , , , , , , , , , , , , , , , , , , ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERFORMED?
	AS HIMPERIVING T	JUP DESCRIBE MO	W INT 18V OCCUI	RED. (Enter nature of injury in	Part Lar Part Laf Item 18.1	TAK NO [
OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	ESS SECCHION TO		inco. (cino) natoro = mjery in		
20c TIME OF INJUI	RY Manth, Day, Yes			PLACE OF INJURY (Home factory, street, affice bldg., et		(Caunty) (\$ta
p. m.	19		t while wark		1	
2) I certify the	at (I) (this hospital	) attended the	deceased from	4 June	60 to 10 Augus	t 19.60, that (I) (we) lo
saw the decea	sed alive on 10	August 19	60 and that			nd on the date stated abov
220 SIGNATURE	0	0	, Oild iiid	T dodn't discorred di	,	22Ь. DATE
Sem me	The V. Hore	ash ma		M D PHYS	AED. STAFF PHYS	solucto SIGNI
22c. PHYSICIAN'S			<b>T</b>	22d ADDRESS		
NAME (Type) Kennet	th V Herch	man IT.	MC HSN	U.S. Nav	val Hospital,	Rethesda, Md.
	ON 236 DATE THEREC		AME OF CEMETER)		23d LOCATION (City, fawn,	
REMOVA. (Specify		1	xington C		Lexingt	
4 FUNERAL DIRECTOR	S STONATURE -	20			D BY REGISTRAR 256 REC	SISTRAR'S SIGNATURE
	Want of the	60 3 1000 A	hands Ch	Mr. CE. The els. Th. C.	AHC 1 5 160	
CHAMBERS	FUNERAL HUN	TE TAOO C	narbin oc.	,N,W.,Wash,D.O	NATIONAL TO GO.	arthur S. House



9399	CERTIFICA	TE OF DEATH	09343
PLACE OF DEATH COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institute STATE District of Columbia	on: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Bethesda	a LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write R	URAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitat, give street OR INSTITUTION  The Clinical Center, Bet	oddress)	d. STREET ADDRESS 7008 9th Street, N.W.	e. IS RESIDENCE ON A FARM YES NO
3. NAME OF First DECEASED (Type or print) George 1	Middle	Preftakes 4. DATE Mon DEATH Augus	st 5, 196
S SEX 6 COLOR OR RACE 7 MARI	RIED NEVER MARRIED	January 14th, x1890 9 AGE (In years last birthdoy)	IF UNDER 1 YEAR IF UNDER 24 H Months Days Hours Min
TIES VAULATIO IN III	KIND OF BUSINESS OR INDU Restaurant	Greece	U. S. A.
Nicholas Preftakes		Margaretta Dovalis	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (19s. no, or unknown) (If yes, give war or dates af service) NO	SOCIAL SECURITY NO. 17 1	The Clinical Center, Bethes	
18. CAUSE OF DEATH [Enter only one couse per li PART I DEATH WAS CAUSED BY. MMED ATE CAUSE (o) C	ne for (o), (b), and (c).)	hage	interval between onset and death
Conditions, if ony, which (b) gove rise to immediate couse (a), stating the under-lying couse lost.	cute My elogeno	nus Leukemia	1 mo.
PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL D SEASE CONDITION GIV	VEN N PART 1(0) 19 WAS AUTOP PERFORMED? YES NO
200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED (Enter noture of injury in Port 1 or Port II of item 18.)	

20c. TIME OF INJURY

p. m

Doy, Year 20d INJURY OCCURRED Hour o.m. While Not while

20e. PLACE OF INJURY (Home form, 20f (City or town) foctory, street, office bldg., etc.)

(County) (Stote)

19 60 to August 21 I certify that (I) (this hospital) attended the deceased from, saw the deceased alive on August 5, 1960, and that and that death occurred \$650am, from the causes and an the date stated above saw the deceased alive on 226 DATE 220. SIGNATURE

M.D

22¢ PHYSICIAN'S NAME (Type) ATTENDING MED DIRECTOR STAFF 8/5/60

The Clinical Center, National EDWARD E. MORSE. M.D. Institutes of Health, Bethesda 14.

230. BURIAL, CREMATION, 236, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 8/0/60 FT. LINCOIN CEMETERY

of work of work

23d. LOCATION (City, town, or county)

(Stote)

ADDRESS SILVED SPRING,

25a REC'D BY REGISTRAR DATE AUG 9

25b REGISTRAR'S SIGNATURE

Pages 1 and completely filled in Exent, within 72 hours ofter death remove carbon popers been signed by the ottending physician and Then please Gny cremation, or removal, permit, as the burial-transit may be retained by the haspital or ottending TD FUNERAL DIRECTOR. After this cert ficate to buriol, page 3 should be detached for use the State Board of Health prior to b

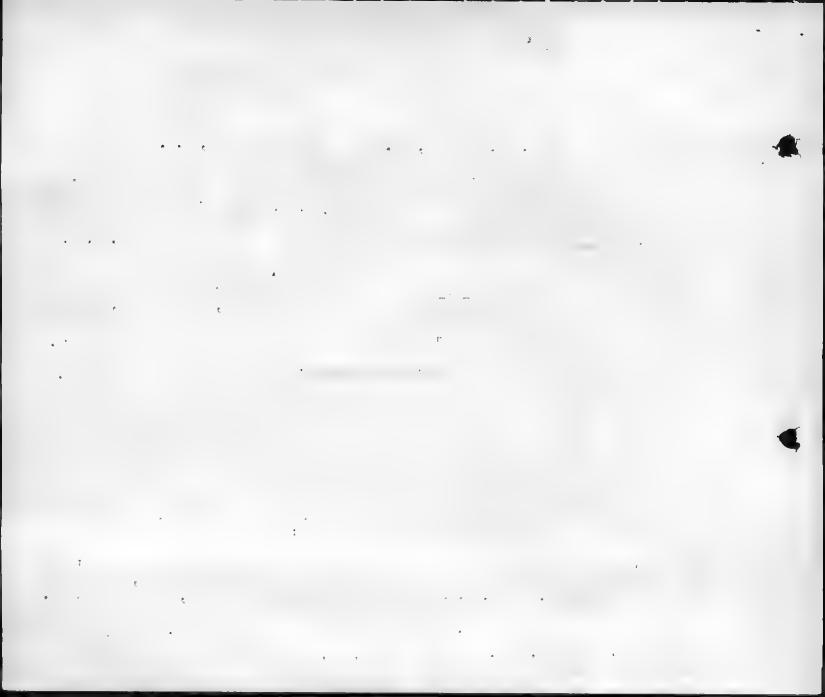
requires that the death certificate be

with

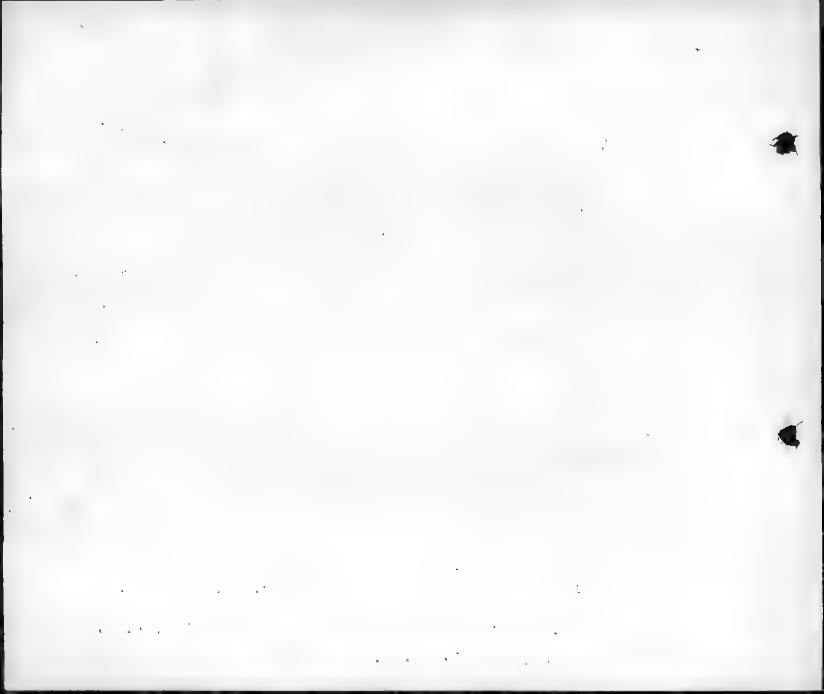
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funeral director, er death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: VR A1S (4) 1SM 9/59



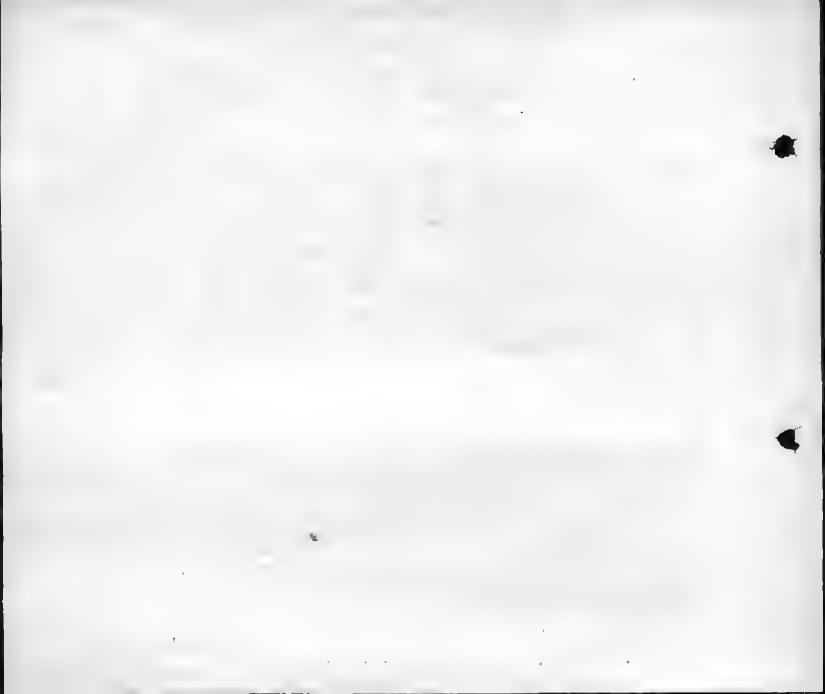
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09344 CERTIFICATE OF DEATH 9400 Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY **6 COUNTY** MARYLAND b CITY OR TOWN (If autside parparate limits, write c. CITY OR TOWN (If autside corporate limits, write RURAL and give neagest lawn) c. LENGTH OF STAY IN 16 RURAL and give nearest taver IS RESIDENCE d NAME OF HOSP TAL HE TO OR INSTITUTION YES NO F mi Taki Non 4. DATE NAME OF Middle Month DECEASED OF (Type or print) DEATH 1960 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Manths WIDOWED . DIVORCED [ 100 USJA. OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? digring most of working tife even if retired) Jal way 13. FATHER'S NAME 14 MOTHER'S MAIDEN MAKE ~₽ physici haurs IS WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT 16 SOCIAL SECURITY NO No 5 INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if shy, which Taxin Sc. gove rise to immediate **DUE TO** couse (a), stating the under lying cause lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 🔽 20g. ACC DENT WAS UNDERLYING DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home form, 20f (City or town) (Stote) 20d INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) While Not while Wash ingter 10 1960 of work at work 21 I certify that I attended the deceased from 1960, to August 5, 1960, that I last saw the deceased ____, and that death accurred at \( \textbf{Za} \in M \) from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE 4325 49th. St., NW Wash., DC Clifton Gruver PHYSICIAN'S NAME (Type) O FUNER 220 BURIAL, CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) (State) Washington. Oak Hill Cemetery **ADDRESS** 240 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Soul Wash. Cithur S. Hans DATE AUG 9 VS A15 (4) 15M 9/58



	9284 CERTIFICATE OF DEATH	345						
	Reg. Dist No.							
	1. PLACE OF DEATH a. COUNTY MO71/9077614  MARYLAND  2. USUAL RESIDENCE (Where deceased I ved H institution: Residence before of STATE Was 5/1/2791077 D. C	e odmission)						
	b CITY OF TOWN (If outside corporate limits, write RURAL and give near RURAL and give	rest (awn)						
	d NAME OF HOSPITANDE THE PROPERTY OF THE PROPERTY OF AVENUE OF INSTITUTION 1420 Map 1e . AV enue on A FARM?  OR INSTITUTION 1420 Map 1e . AV enue on A FARM?  PA 15 No. 751 > 79 Honge 1707 Columbia Road, N.W. YES NO. 1707 NO. 170							
	3 NAME OF DECEASED Lost Lost OF Month OF OF OF MAIN AUGUST 2007 DEATH 200	y Year						
	5. SEX 6. COLOR OR RACE   MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9 AGE IM years   IF UNDER 1 YEAR   last bishday)   Months   Days   T 9 yrs   Months   Days   T 9 yrs   T	HOURS Min						
1	during most/of working life, even if retired)	S. A.						
	HIPAN OSCAY POBLITES MITTER BLAKES PER Address THE ADDRESS PER ADD	MAPLEATE						
	(Ves no pr unthrown)   19 yes, give wer or doles of service) ) 7077 = Mrs. Lilliam I. Ralls TAKOM  [18 CAUSE OF DEATH [Enter only one cause per line for (0), (b), and (c)]	4 PAPIS, MEL						
İ	PART 1. DEATH WAS CAUSED BY: Metatate carmioma (right breast)  ONS  DUE TO	O MEAN						
	Conditions, if any, which gave rise to immediate couse (a), stoting the under DUE TO	5-years.						
	lying cause lost. (c)							
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER)	P. WAS AUTOPSY PERFORMED? YES NO						
	20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED While Not while of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of wo	(State)						
	21. I certify that I attended the deceased from $9 - 1952$ , 19, to $9 / 100$ , 1960, that ( last sa alive on $8 / 19$ , 1960, and that death occurred of $2 / 2$ AM, from the causes and an the dat	w the deceased e stated above						
	ACTUAL SIGNATURE At. Markwood M.D. 3208-17 AM Washing, Dr. 8/26,	DATE SIGNED						
	PHYSICIAN'S E. H. Markwood							
	270 BURIAL CREMATION. 27b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) Removal (Specify) 8/22/60 Oak Hill Cemetery Bradford Pennsy.	(State)						
	Page 1 Appress 1 Appress 246 Registrar 246 Registrar 246 Registrar 3 Signatur	E						

Washington 9

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9285Reg. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY O. STATE **b.** COUNTY MARYLAND b. CITY OR TOWN III outside Approva Hmits, write JURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nebrest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 🔀 Middle Month Year DECEASED OF (Type or print) DEATH 1960 5. SEX 4. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Days WIDOWED N DIVORCED T yrs. 10g. VSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, event if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED/FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18 CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gove rise to immediate couse **DUE TO** (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO P 20g. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) PRIMARY OF CONTRIBUTING MEDICAL Month, Day, Year 20d INJURY OCCUPRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20f (City or tawn) (County) (State) foctory, street, office bldg., etc.) Not while 0. 79. of work at work D. m. 21. I certify that I took charge of the remains described above, held on Autopsy Inspection A, Inquiry D, and find that death resulted from: Natural couses 📆, Accident 🗍, Suicide 🗐, Hamicide 🧻, Undetermined couse 🗍, DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 8-6-60 DEPUTY MEDICAL EXAMINER NI NAME (Type) 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stota) Transportation 8/8/60 IOwa City Iowa 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

DATE AME 9

Calling S. Heart

VS. A15ME(5) SM 9/55

Gasch's Sons Hyattsville

forworded ro

certificate.

DEPUTY



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

09347

9300

**CERTIFICATE OF DEATH** 

-			_			-		
PLACE OF DEATH				USUAL RESIDENCE (	Where deceased	Lived If instituti		fare admission)
Mon	tgomery	MARYLAI	AD		land	D. COSITI 1	Montgo	mery
b CITY OR TOWN (For RURAL and give neare	uts de carporate limits, wi est tawn)	c LENGTH OF STAY IN	16	c CITY OR TOWN (		rote limils, write f		
	Chase			Chev	y_Chas			
d NAME OF HOSPITÄL OR INSTITUTION	(If not in hospital give st	treet address)		d. STREET ADDRESS	J - 0-14-			e. IS RESIDENCE ON A FARM?
/ 000	Chevy Chas	se Blyd		4807	Chevy	Chase	Pland	YES NO
3 NAME OF	First	Middle		Lost	4 DATE	Mar		Day Year
DECEASED (Type or print)	Ruby	F.		SachLis	OF.	Aug		
S. SEX	COLOR OR RACE 7	MARRIED NEVER MARRIED	18 D	ATE OF BIRTH		9 AGE (In years last birthday)		R F JINDER 24 HR
Female	White wo	OOWED DIVORCED [	] F	eb. 10.	1909	5] yrs	Manths Days	
10a USUAL OCCUPATION	(Give kind of work dane	106 KIND OF BUSINESS OR I				ountry)		OF WHAT COUNTRY
during most of working Housewi				Indi			US	
3. FATHER'S NAME			1	4. MOTHER'S MAIDE	N NAME			
James	W. Flack			Nell	ie M.	Jones		
TS WAS DECEASED EVER IN			17 INFO				lress	
(Yes, no, or unknown) [If y	res, gave wor or dates of service)	Yes	Gus	Sachli	s-Husb	and-sar	ne 2d_	
18. CAUSE OF DEATH	Enter anty and cause p	per lyng far (a), (b), and (c) ]	*		14			TERVAL BETWEEN
PART I, DEATH	WAS CAUSED BY: AMEDIATE CAUSE (a)/	( adding	2-270	on - Ke	+ 0771	904	-	2 11 11
1518	DUE TO							Jan
Canditions, if any,	militark Y							
gave rise to imm	sediate (						-	
cause (a), stating the								
lying cause last.	) (c)							
PART II, OTHER	SIGNIFICANT COND TO	ONS CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TEI	RMINAL DISEASI	E CONDITION G	VEN IN PART 1(a)	PERFORMED?
								YES NOCE
OR CONTRIBUTING TO	CAUSE OF DEATH	DESCRIBE HOW INJURY OCC	JRRED (E	inter nature of injury	in Part I or Part	II of item 18)		
3 20c TIME OF INJURY	Month, Day, Year 2	0d INJURY OCCURRED 20	e. PLACE	OF INJURY IHome, fi	arm. 20f (City	or town)	(Caunty	y) (State
ZOC TIME OF INJURY	, w	Vhile Nat while		, street, office bldg.,		,	(,	, ,
₹ p. m.	17   01	work at wark		7				
21 I certify that (	1) (this haspital) at	tended the deceased fro	am(	422	1256, to	44 29	19601	that (I) (We) la:
saw the deceased	dance on 22	5- 19 60, and th	of .deat	h accurred at	M, from	the couses or	nd an the dat	te stated above
226 S GNATURE	2 1/1/	1 /	*		_			22b DATE
T-000	0 144	anker	МD	ATTENDING PHYS	MED DIRECTOR [	STAFF PHYS	8	/29/60 S GNE
224-PHYSICIAN'S				22d. ADDRESS				/ = // 00
NAME (Type)	Paul D. Ca	intor		4700 M	ante	I and I	المستمالة مرا	- 3/4
	23b. DATE THEREOF		DV 02 0				Rethesd	
23a BURIAL, CREMATION REMOVAL (Specify)	ZJB. DATE THEREOF	23c NAME OF CEMETE	KY UR CI	CEMATORY	23d LOCA1	TON (City town,	or county)	(State)
Burial	8/31/60	Nat. Mem.	Pa	rk Cem.	Fall			rginia
24 FUNERAL DIRECTOR'S S		ADDRESS			EC'D BY REGIST		ISTRAR'Š SIGNATI	
Robert A.	<ul> <li>Pumphrey</li> </ul>	Bethesda,	Mar	yland DATE!	40c 3 o '6	ىك 0	Mun & Kra	u.A

her deoth. Page 4 the funerol director

physician and completely filled in by the funeral a res may be revained by the haspital or aftending News clan

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely fittle page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages the State Board of Health prior to burial, cremation, or remayof, and in any event, within 72 hours offer death.

require that the death certificate be executed within 24 ha

TO HOSPITAL OR ATTENDING PHYSICIAN.

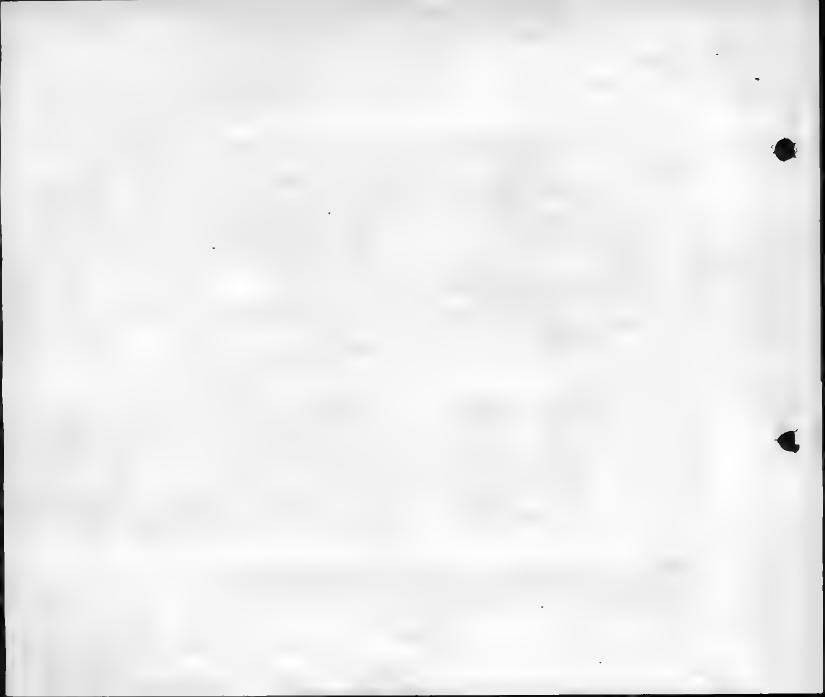
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ME A15ME 5M 2 57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9316 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		Reg. Dist. No.					
ı	E PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)					
	Montgomery MARYLAND	* STATE Maryland * COUNTY Montgomery					
ı	b CITY OR TOWN (I a stude corporate limits write RURA)   C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town)					
	Rockville	// Rockville					
ì	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give sliget address)	d STREET ADDRESS					
	1601 Coral Sea Drive	1601 Coral Sea Drive YES NO X					
	3. NAME OF DECEASED First Middle	Lost 4. DATE Month Doy Year					
1	(Type or print) Catherine Estelle	Saffell DEATH August 15 19 60					
ı	5. SEX 6. COLOR OR RACE 7 MARRIED 1 NEVER MARR ED 1 B	DATE OF BIRTH 9 AGE (In years   IF UNDER 14 HRS					
	Female White WIDOWED DIVORCED	Aug. 18 1904 55 yrs Months Days Hours Mon					
	10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTI during most of working life, even if refired)	11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?					
	Housewife	Washington D. C US					
1	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME					
	Benj. P. Srkk Griffin	Amy A Prosperi					
1	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. IN	IFORMANT Address					
		lmer Saffell-son-same 2d					
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL RETWEEN ONSET AND DEATH					
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) COTODATY OF						
1	DUE TO						
ı	Conditions, if ony, which) (b)						
1	gave rise to immediate cause						
	(c), stating the underlying course tost.						
ı		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  20g. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED (EI CAUSE OF DEATH.	PERFORMED?					
ł	200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURRED LE	nter noture of in vey in Port I or Port II of item 18.)					
	PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.						
	3 20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e PLAC	TE OF INJURY (Home, form, 120f (City or town) (County) (Stote)					
	20c, TIME OF INJURY Month, Day, Year 20d, 'NJURY OCCURRED 20e PLAC Hour o. m.  p. m. 19 of work of work	sty, street, office bldg., etc.)					
	21. I certify that I took charge of the remains described about	ve, held on Autopsy , Inspection , Inquiry , and in my					
	opinion death resulted from: Natural causes 3d. Accident	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s					
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	ACTUAL STORY OF BOTH OF THE STORY	CHIEF MEDICAL EXAMINER					
	SIGNATURE Stank J. 1 Sunhait	ASSISTANT MEDICAL EXAMINER [7]					
LEXAMINER'S							
	NAME (Type) Frank J. Broschart 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR						
	REMOVAL (Specify)	emetery Rockville, Maryland					
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240, REC'D BY REGISTRAR 1246, REGISTRAR'S SIGNATURE					
	Robert A. Pumphrey Bethesda, Ma	ryland DATE AUG 17'60 circles & Krous					
		DATE NUM					



haurs ofter death

22

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event

Howard SAUNDERS

Hour p. m.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND

OF DEATH

9401	CERTIFICAT	ſΕ
PLACE OF DEATH  o. COUNTY  Montgomery	MARYLAND	2 L
h CITY OR TOWN / Foulure corporate limits, write	A LENGTH OF STAY IN 16	

ISUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) **6 COUNTY** West Virginia

09349

U.S.A.

(County)

(State)

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) RURAL and give negrest lown (Rural days Big Bend Bethesda d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? OR INSTITUTION YES NO X U.S. Naval Hospital General Delivery

	3 NAME OF	Fr	st	Middle	Lost	4. DATE	Mon	th	Do	у `	Yeor
ľ	(Type or print)	Ho	oward	Ronzell	SAUNDERS	DEATH	Augu	st	18		19 60
1	S SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIEDEN	B DATE OF BIRTH		9 AGE (In years	IF UNDE	RIYEAR	IF UNDE	R 24 HRS
4				4 600			lost birthdoy)	Months	Days	Hours	Min
1	Male	Caucasian	WIDOWED [	DIVORCED [	9-17-28		3T Au				
					ISTRY 11 BIRTHPLACE (Stote	or foreign c	ountry)	12 CI	TIZEN OF	WHATC	OUNTRY?

during most of working life, even if retired) West Virginia U.S. Navy U.S. Navy 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME

Mona LEWIS

15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO Address Navy Records Yes Korean

18 CAUSE OF DEATH (Enter only one couse por PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Pulmorar drawli	INTERVAL BETWEEN ONSET AND DEATH
DUE TO Conditions, if only, which ) (b)	Pleural mesothely	ina & Amouth
gave rise to immediate DUE TO	*	
lying couse lost. (c)		

PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILO PERFORMED? YES 🗀 NO 🔽

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

20c. TIME OF INJURY Day. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.

Not while

While

ot work ot work p m 1260, to 8-18-160__, that (i) (we) last 21 1 certify that (I) (this hospital) attended the deceased from 8-11-

, and that death accurred at 8:00AM om the causes and an the date stated above. saw the deceased alive an8-18-225 DATE 220 SIGNATURE SIGNED STAFF DE ATTENDING 8-18-60

PHYS DIRECTOR . M D 22c. PHYSICIAN S 22d, ADDRESS NAME (Type U.S. Naval Hospital, Bethesda, Md. BAKER. LT. MC.

230 BURIAL, CREMATION, 235 BATE THEREOF REMOVAL (Specify) Burial	23c NAME OF CEMETERY OF CREMATORY  Private Cemetery	23d LOCATION (City town or county)  Parkersburg, West Va.	tote)
100000	1000000	DE DESIGNATION OF DECISTOR DE SIGNATURE	_

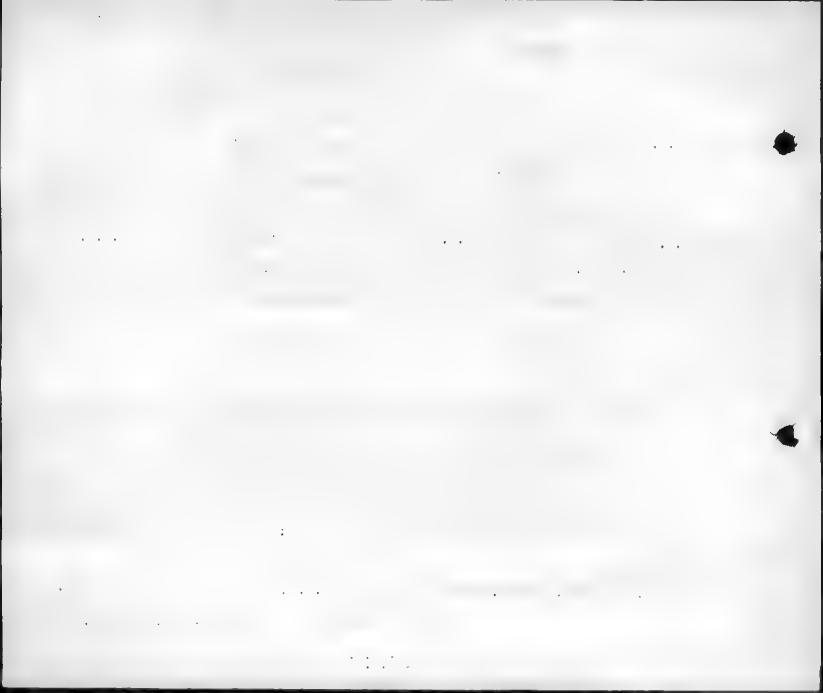
Chambers Funeral Home 1400 Chapin St., N.W.,

VR A15 (4)

may be retained by the haspital FUNERAL DIRECTOR: After this

should be detached

page the Sto O



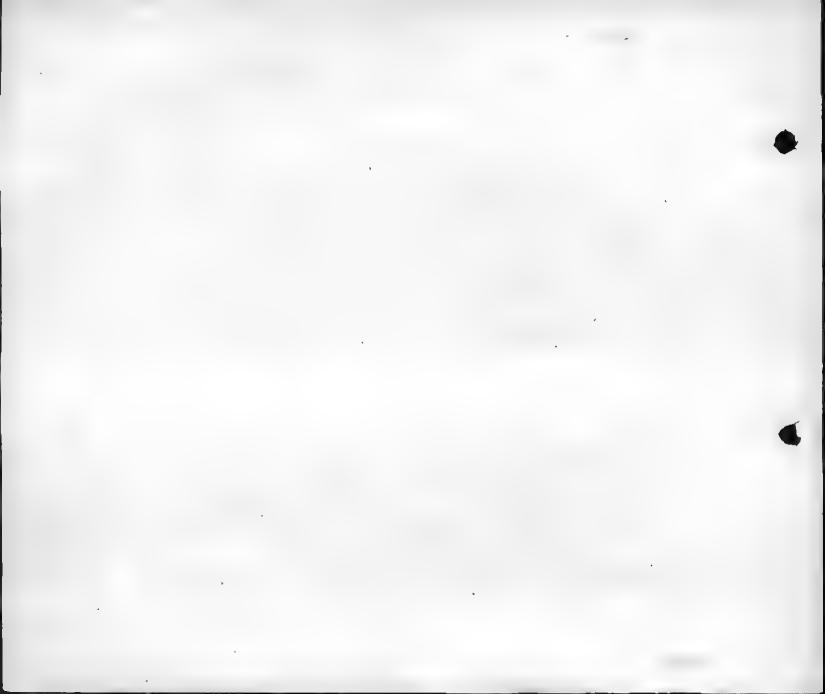
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09350

b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, wri	COUNTY MON'TYONIERS
RURAL and give nearest town.  JAKOMA FARK  d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  L'ASPING VIEW SANITARIUME HOSPITAL  3 NAME OF DECEASED (Type or print)  JUSTAN  JOHN SCHELLRIP  DEATH	e is residence On a farm?
d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION ICHSPITATION  AND OF DECEASED (Type or print)	ON A FARM?
(Type or print) DUSTAN JOHN SCHELD DEATH	7770
	Oxeg. 15 1960
5 SEX 6 COLOR OR RACE 7. MARKINED NEVER MARRIED 18. DATE OF BIRTH 9. AGE Tost Solvent Wildows Divorced 1-1-74.	E (In years F UNDER 1 YEAR IF UNDER 24 HRS brithday)  Manths Days Hours Min
10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) during most of working life, even if retired)	12 CITIZEN OF WHAT COUNTRY?
13 FATHER'S NAME	
15 WAS DECEASED EVER IN U S ARMED FORCES 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, off or unknown) 1 (If yes give wor or dollar of service)	Address
No! The Hospital FELORI	d +
18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Conditions, If ony, which gove rise to immediate couse (o), sloting the under-lying couse lost.  (c)	GANGLIA LECT 3 DAY.
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTING TO CAUSE OF DEATH OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP IOP PORT II OF IOP PORT II OF IOP PORT II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF IOP II OF II OF IOP II OF II OF IOP II OF IOP II OF IOP II OF II OF IOP II OF II OF IOP II OF II OF I	PERFORMED? YES NO [
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21   certify that (1) (this haspital) attended the deceased from saw the deceased alive an and 15 19 and that death accurred at 3M, from the c	that (1) (we) last addes and an the date stated above
Box 5 (able the) ATENDING MED DIRECTOR DIRECTOR PHY  22c PHYSICIAN'S NAME (Type) BOR IS RABKIN 1019 University	FF _ SIGNED
23d BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 5 23d LOCATION (	ty) tolerator county) (Stole)
SEMOVAL (Specify) 8=18-1960 FT 4/NEBLU CETT COLUMN 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR	THE POLITICE STOPLET

offer death. Page 4 may be retained by the hospital or attending fis can.

TO IUNRIE DIRECTOR: After this certificate has been signed by the attending physic on and campletely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the State Board of Health priar to buriol, cremation, or removal, and in any event, within 72 hours offer death. fiv requires that the death certificate be executed within 24 has TO HOSPITAL OR ATTENDING PHYSICIAN-VR A15 (4) 1SM 9/59



1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, If institution, Residence before admission) e COUNTY e. STATE 6. COUNTY MARYLAND b. CITY OR TOWN , Foulsige corporat I mis, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporate | mils, write RURAL and give nearest town) write-RURAL and give/hearest town) XXXX JTION (fings in hospita, giva streat andress) IS RESIDENCE ON A FARM? YES TO NO WZ 3. NAME OF Middle and 3 to the fu DATE Yaer DECEASED OF (Type or print, DEATH 19 (ed 10 Page 5 may be 1 and 2 with 1 and 2 with 1 72 hours after AGE (In yours IF UNDER 1 YEAR | IF UNDER 24 HRS. MARRIED NEVER MARRIED last birthday) | Months DIVORCED [ WIDOWED | 10b, KIND OF SUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or fore git country) 10a. USUAL OCCUPATION (Give fund of work 12. CITIZEN OF WHAT COUNTRY? d be executed within 24 hours afti pencil in frem 18. Give Pages 1, 2, ice along with form PM3. Page 5 done during most of working life, avan if retired) *-employed pages 1 14. MOTHER'S MAIDEN NAME 0 16. SOCIAL SECURITY NO (Yes, no, or unkown) (Hyes give wer or detes of service) 18. CAUSE OF DEATH [finier only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Office along burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sudd, **DUE TO** Conditions, if any, which (b) gava rise to immadiate cause 40 DUE TO (e), stelling the underlying 10 pesn cremation PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART IIe) 19, WAS AUTORSY CERTIFICATION PERFORMED? 8 YES NO pluods 20a. EXTERNAL CAUSE WAS , 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) execute the certificate, writing the Id be forwarded to the Chief Med (ERAL DIRECTOR: Page 3 show to burial, PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d INJURY OCCURED To. PLACE OF INJURY Home, farm, 20f. (City or town) white Not While tactory, street, office bldg., etc.) 20c, TIME OF INJURY Month, Dey, Yeer (County) Hour a.m. at work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 🔣 Inquiry (C. and in my opinion death resulted from-Suicide M Undetermined manner Natural causes Accident Homicide | forwarde CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL I SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER Address (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) REMOVAL (Specify) 240 9 BITT TAX O **EUNERAL DIRECTOR** 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur & Kines DATEAUG 1 6 '60 5M 7/59

LAND STATE DEPARTMENT OF HEALTH

**BALTIMORE 1. MARYLAND** 

Division of STATISTICAL RESEA



	. S. Leeb	V		9287 CERTIFICATE OF DEATH . 6/14/6 Sex Reg. Dis	02352
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death.	20	VI		CITY OR TOWN (If outside corporate limits, write RURAL and a RURAL and grant form a Park Mil 1475	rive nearest town)
after e	by the fund 2 should			or NAME OF HOSPITAL (If not in haspita, g V siree address)  OR NAT TUT ON  LL ASA. Sam. + Hosp.  Hosp.	IS RESIDENCE ON A FARM? YES NO
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certific	e remar 72 ha		15. (Yes	WAS DECEASED EVER IN U. S. ARMED PORCES? 16 SOCIAL SECURITY NO INFORMANT Address 1, 100, of salichown) (If yes, give wor or dated of service) 577-48-2454 Hospital Records	
e dealt	attend in preason it within			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c)]  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o)  CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	INTERVAL BETWEEN ONSET AND DEATH
s that fl	d by the			Conditions, if only, which ) (b) already I cher o yet	Jano -
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MD CM	Roys or nos been incl-tran	(")	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART	T I(o) 19 WAS AUTOPS' PERFORMED? YES NO
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NDING	After ched fa			21 I certify that I ottended the deceased from 1950, 19, to Class II, 1966, that I to alive on Class II, 1966, and that death occurred at 1:49BM, from the causes and on the	
A ATTE	RECTOR RECTOR be deto nor to b	1		ACTUAL SIGNATURE. 1 626 1 1 Con 1 1 M.D. 7600 (ATT 2011) COMP. Take	DATE SIGNI
PITAL C	ERAL DI S should gistrar p	- 1		PHYSICIAN'S Robert A Hare	
O HOS	D FUN page		BI	BURIAL CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY PRINCE GEO. COUNTY PRINCE GEO. COUNTY	
F VS /	¥15 (4)	A.	. 23	FUNERA DIRECTOR'S SIGNATURE INC. SILVER'S SPRING, MD.  240 REC'D BY REGISTRAR'S SIC PLINE AUG 16'60  Colling L.  Colling L.	

ow requires that the death certificate be executed within 24 h

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

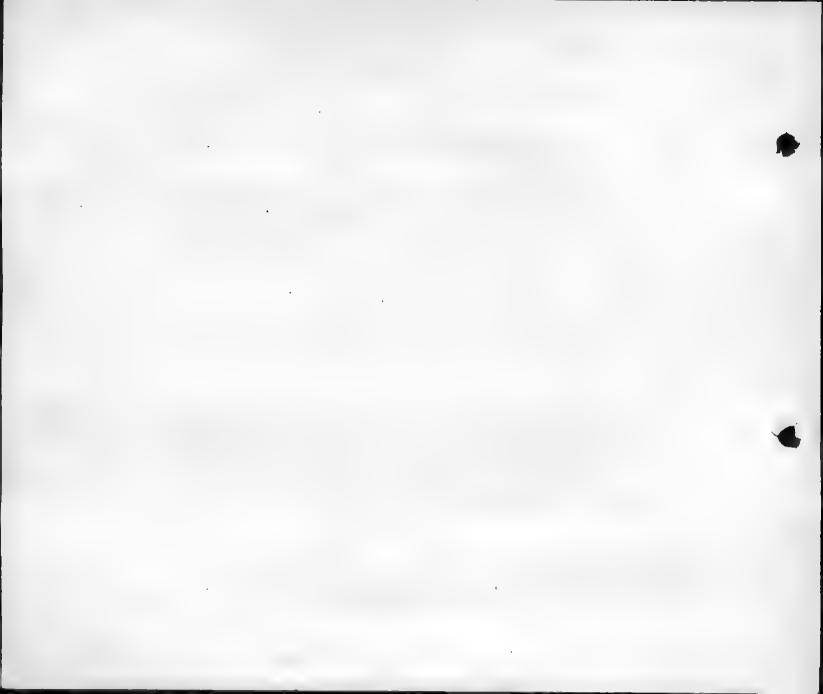
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be retained by the haspital or attending station.

NERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be keed the late Board of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death

10 HO	TO FUR	ď:
7 R	A15	(4)
15	M 9/	59

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1. PI	ACE OF DEATH COUNTY MONTE COMMENT	man man	2 USUAL RESIDENCE (Who o. STATE		If institution Residence COUNTY	before admiss on)
ь		LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF o	utside corporate limi	its, write RURAL and gr	ve nearest town)
1	RURAL and give nearest town	8 urs	Washin	nation	11	
9	NAME OF HOSPITAL (If not in haspital, give street address in stitution		d. STREET ADDRESS	the No	Ν.	o IS RESIDENCE ON A FARM? YES NO N
	AME OF First	Middle	Last	4 DATE	Marth _	Day Year
	YPE OF PRINT) GERTIE		SEGAL	OF DEATH	449 2	6 1960
5. St	6. COLOR OR RACE 7. MARRIED [	NEVER MARRIED	8. DATE OF BIRTH	9. AGE		YEAR IF UNDER 24 HRS. Poys Hours Min
	WIDOWED [	,	July 24,1	890 70	yrs yrs	
10a.	USUAL OCCUPATION (Give kind of work dane lob. KINE during most of working life, even if refired)	OF BUSINESS OR INDL			12.CITIZ	EN OF WHAT COUNTRY!
13. F	ATHER'S NAME		14 MOTHER'S MAIDEN N	VAME		U. /J. 197.
	Mardani Fra		UNKNOWN	J		
	VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI		NFORMANT	1	On 3 ///	-1 21 11 12
(1000)	In last day are or country	H	ARRY SEG	AL-50	807-41	34,1V.0V.
	B. CAUSE OF DEATH [Enter only one cause per line fa	r (a), (b), and (c).]	1 1		1	INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY:	eliro - V	ascular	accio	leut	2 heurs
Н	3 X DUE TO	-	· Or way			204cars
	Gonditians if any, which (b)	unos	curous	<i></i>		20 /000
	lying cause last.  DUE TO  (c)					
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONT DIG BEFOR Mellita	IS. HOW	TNOT RELATED TO THE TERM	rald sease cond	TION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO X
DC	20g ACCIDENT WAS UNDERLYING 20b DESCRIBE OR CONTRIBUTING 2 CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER	HOW INJURY OCCURR	ED. (Enter nature of injury in I	Part I ar Part II of its	em 18.)	
	Oc. TIME OF INJURY Manth, Day, Year 20d INJUR	Y OCCURRED 20e. P	LACE OF INJURY (Hame, farm	, 20f. (City or taw	n) (Co	ounty) (State
MEDI	Haur a m. While p m. 19 at work	LAN MILLIE	actary, street, affice bldg , etc.	.)		
	21 I certify that (I) (this haspital) attended	the deceased from	Oct 14 18	5210 AU	9 25 196	that (I) (we) las
1 1			death occurred at 5A		/	
	220 SIGNATURY A LIEL	linan	ATTENDINGMI	ED STAF	- AUD.26	1960 22b. DATE SIGNED
	22c PHYSICIAN'S NAME (Type) SHMIJE / AH	HIIMAN	22d. ADDRESS	1150000		i u
22	SUD A SECOND ON DAYS THEREOF	122111111				
230	and and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco		GEHETERY	O XON	ity, tawn, ar county) HILL	(State)
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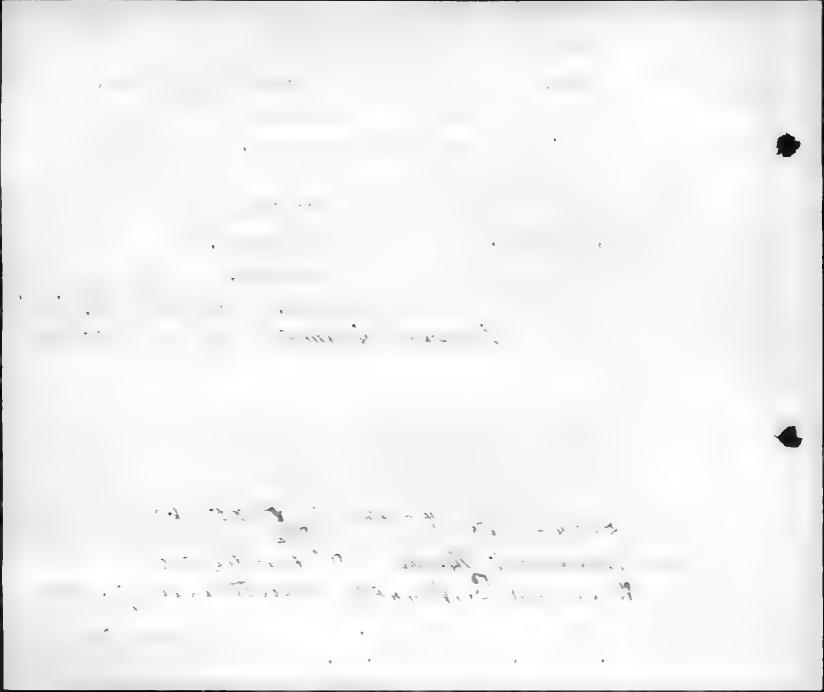


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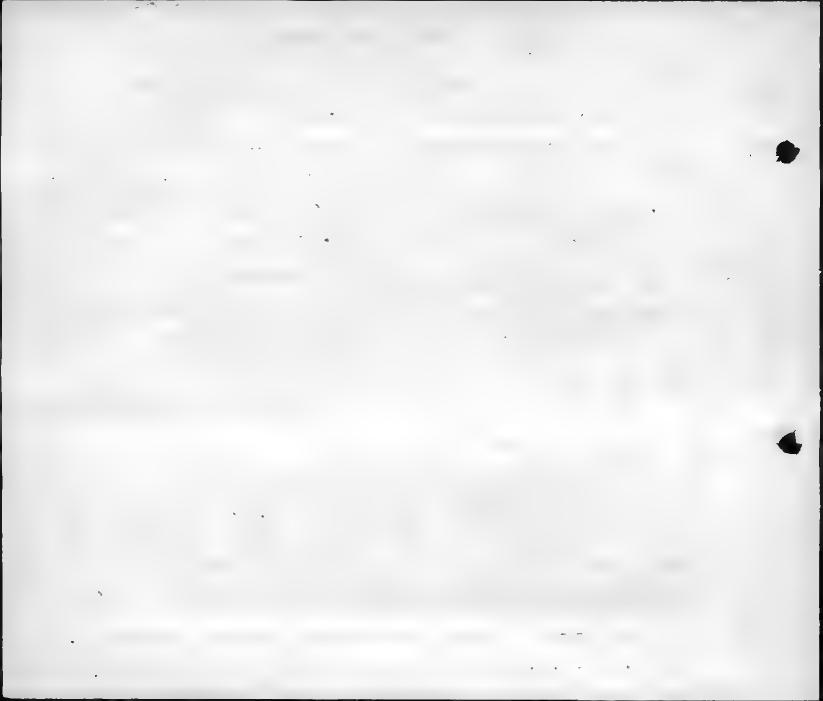
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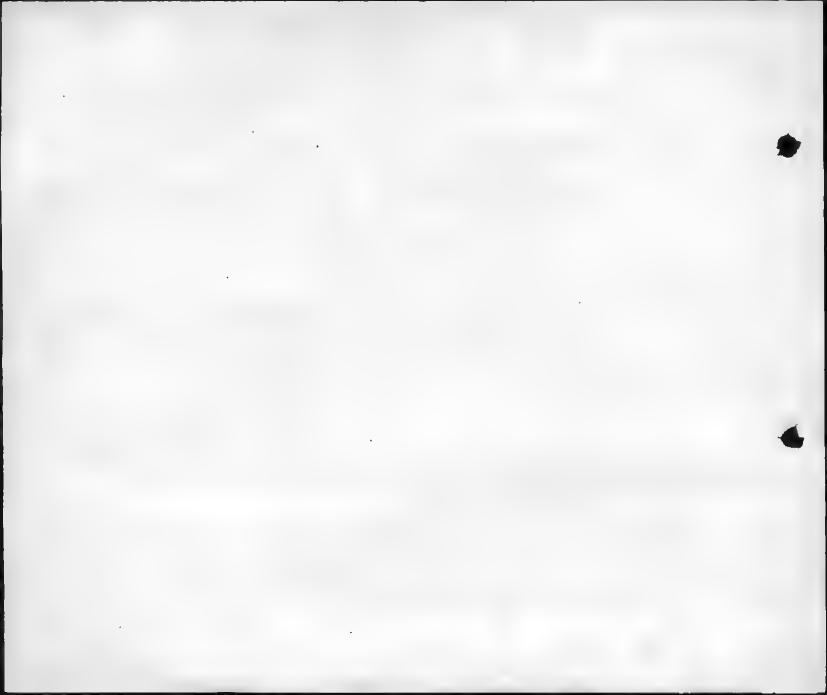


ifter death. Page 4

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TO HOSPITAL OR ATTENDING PHYSICIAN.

1	o. COLNING HARMILLI	MARYLAND	2 USUAL RESIDENCE (Where deceased lived. a STATE TROUBLE b	COUNTY ALAST AT LIGHT
	b CTY OR TOWN All ourside corporate limits, write RURAL and greenearest towns 1	c. LENGTH OF STAY IN 16	CLIY OR TOWN (I) Dutside corporate limi	its, write BURAL and give nearest toys)
	d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION Cartier William		1. STREET ADDRESS Castery a	PURCE ON A FARM? YES NO DAY
	NAME OF DECEASED (Type or print)	CLYDE	SHADE 4. DATE OF DEATH	Tuy 10 1960
5 !	Stale White WIDOWE		July 28, 1875 1011	In year IF UNDER TYEAR IF UNDER 24 HRS Min Months Days Hours Min
	USUAL OCCUPATION (G ve kind of work done 10b.) during men of waysing life even scribed!  WESUAL KELLIST	Littles	Mc Connellsburge	12. CITIZEN OF WHAT ROUNTRY?
	Regan B. Shade.		7 Ay available	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S. NO. or unknown) (If yes, give wor or dotes of service)	OCIAL SECURITY NO 17. II	Daniel C. Shade, a	Vaske an #2)
)	18. CAUSE OF DEATH [Enter only one couse per lin  PART I DEATH WAS CAUSED BY: IMMED ATE CAUSE (a)  DUE TO  Conditions, only, which gove rise to immediate couse (a), stating the under-lying cause last.  (b)  DUE TO  Lying cause last.	o for (o), (b), and (c) ]	oma of Bros	tate Interval Between ONSET AND DEATH
CERTIF CATION			T NOT RELATED TO THE TERMINAL DISEASE COND	PERFORMED? YES NO
WEDICAL CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JURY OCCURRED 20e PI	LACE OF INJURY (Home, farm, 20f (City or town actory, street, office bldg., etc.)	
	21 I certify that (I) (this haspital) attends as the deceased alive an 2/20. SIGNATURE  22c PHYSICIAN S NAME (Type)	/	1-0	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
230	BUP AL, CREMATION, 236-DATE THEREOF BUNGAL (Specify) Culp 13,1960	PAR HULL	DECREMATORY 23d LOCATION (C	rlown or county) (Storey
24,	FUNERAR DIRECTORS SCHAMBRE 1. LUTUUS LALUUS 25	ADDRESS ( CAVAII 21	1900 250. REC'D BY REGISTRAR DATE ANG 15'60	25b. REGISTRAY'S SIGNATURE Collins S. Flance

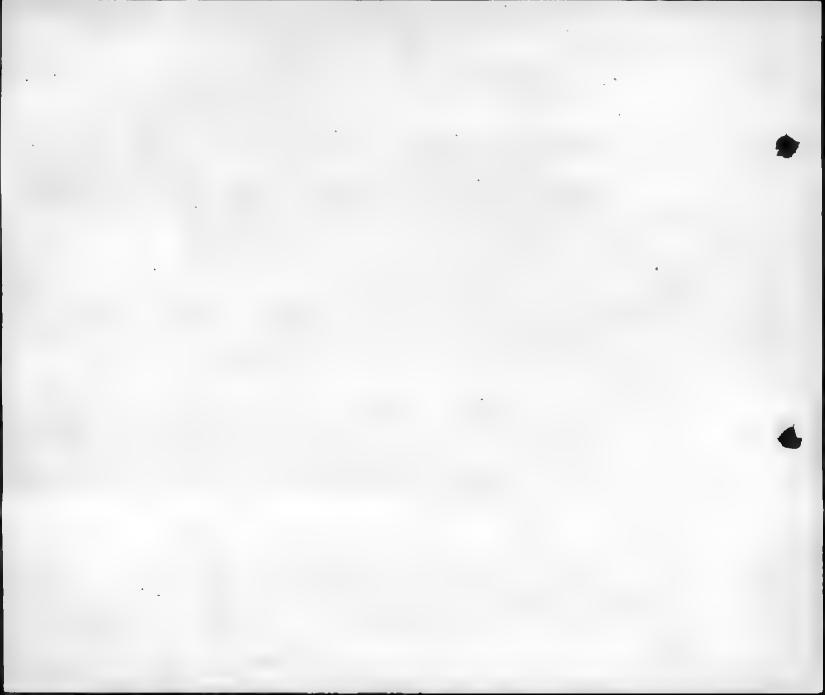


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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH O. COUNTY MONTGOMERY MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) b. STATE D. COUNTY MONTON DEL		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lown)  514VER SPRING		
OR INSTITUTION  HILLMOOR DRIVE	d. STREET ADDRESS/ 4/11 HILLMOOR DR. IS RESIDENCE ON A FARM? YES NO ID		
3. NAME OF (Type or print) ETHEL — Middle	SHAPIRO DEATH AUG-8- 1960		
SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED	B DATE OF BIRTH  APR-22-1890  9 AGE (In yeors   IF UNDER YEAR IF UNDER 24 HRS   Months   Doys   Hours   Min	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 11 BIRTHPLACE Islate or foreign country) 12.CITIZEN OF WHAT COUNTRY?
13 FATTER'S NAME HBRAHAM REIBSTEIN DEC	14. MODITER'S MAIDEN NAME (DEC)		
15 WAS DECLASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 (Yes. no or uniform) (If yes. give wer or dates of service)	WORA AMANUEL - 411- HILLMOOR DR. STAG		
18. CAUSE OF DEATH [Enler only one couse per line for (o, (b) and (c)]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)	School Interval Between onset and Death		
Conditions, if ony, which) (b) appearance	irea That Dissone 12 yrs		
gove rise to immediate couse (a), stating the under- lying couse ast  (c)  DUE TO  Atypical Energy  (c)	con arterendrose 14 yrs		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL D SEASE COND T ON GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES NO		
OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Part II of Item 18.)		
20c TIME OF NJURY Month, Day, Yeor 20d INJURY OCCURRED for the p. m. 19 of work at work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work 19 of work	CACE OF INJURY (Home, form, 20f (City or town) (County) (State) (County, street, office bldg., etc.)		
21 I certify that (I) (this haspital) attended the deceased fram, saw the deceased alive an acceptance of the same saw the deceased alive and that contains the same saw the deceased fram.	death accurred at LPM, from the causes and an the date stated above		
229 SIGNATURE	ATTENDING MED STAFF SIGNED PHYS. DIRECTOR PHYS D		
PHYSICIAN'S NAME (Type) /S (70 PIE SHULMAN)	915-1906 17. NW. D.C		
23d BUR AL CREMATION 23H DATE THEREOF 23c NAME OF CEMETERY CO	OR CREMITORN 23d LOGAT ON (City lown, or county) (State)		
24 TINERAL DIRECTORS AGNATURE HAD A BOLLA FIRMAND HAMO 4217-98	250. REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE		



retained by the may be r VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09358 **CERTIFICATE OF DEATH** 

DATENG 1 6 '60

IS RESIDENCE ON A FARMS YES NO.

Year

Hours

U.S.A

Avenue

ONSET AND DEATH

5 days

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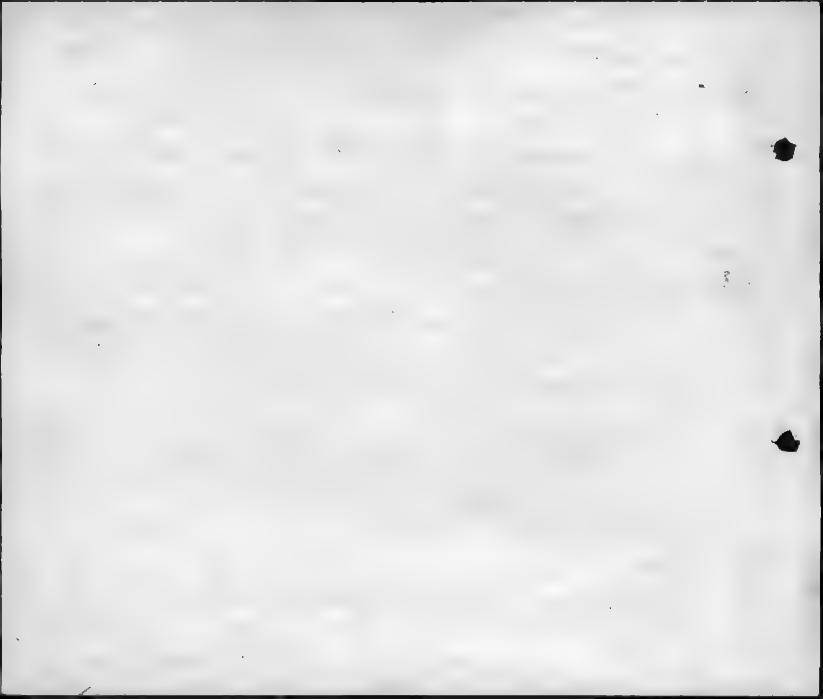
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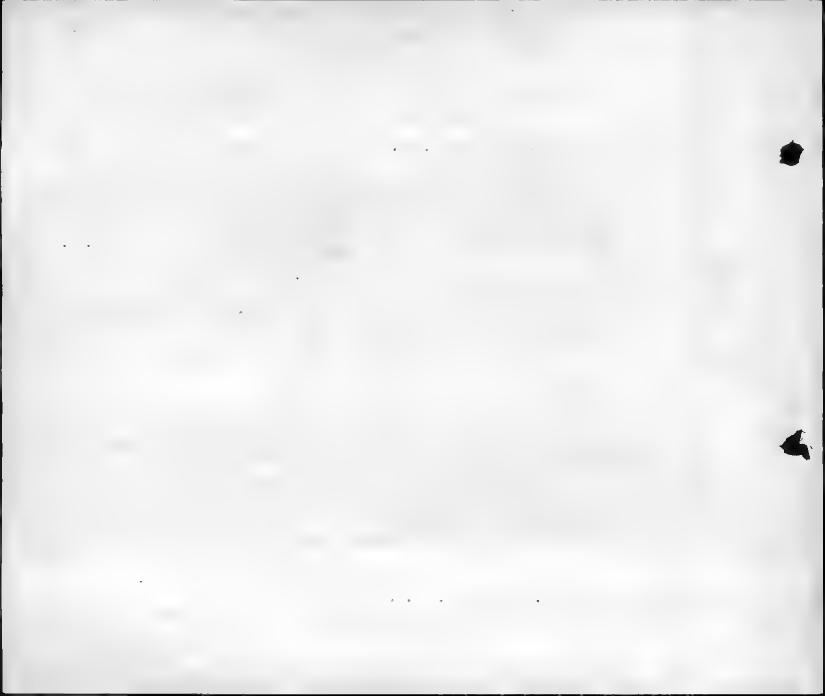
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decressed lived, If Institution: Residence before admission) Page e. COUNTY. a. STATE **b.** COUNTY director, Page MARYLAND b. CITY OR TOWN il outsid: e. C.TY OR TOWN (If outside corporala limits, write RURAL and give merest town) c. LENGTH OF STAY IN 16 write RURAL and give n d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO D 3. NAME OF First OF DEATH (Type or print) With 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In y 1015 IF UNDER 1 YEAR, IF UNDER 24 HRS. may lest birthdey) / Months Deys | Hours 1, 2, 2, 2, 2, 2, 2 and 2, 72 hours and WIDOWED D. YORCED YDI. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (Stelle or foreign country) 12, CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) 18. Give Peges 1 form PM3, Pag Edit 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME -Jue 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) | (If yes give were rdeles of service) Office along with for a large transfer merening the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract o 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN PINSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which {b1 geve rise la immadiete ceuse DUE TO (a), stating the underlying causa last. PART II OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? NO K YES -Shoul 208. EXTERNAL CAUSE WAS PRIMARY OF ONTRIBUTING 206/ DESCR BE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of Itam 18.) DEPUTY MEDICAL EXABINER: CAUSE OF DEATH. execute the certificate, writing Id be forwarded to the Chief / IERAL DIRECTION Page 3 s 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or lown) 20c. TIME OF INJURY Month, Dey, Yeer 30 of (Stafa) factory, street, office bldg., etc.) While Not While Hour e.m. al work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry X and in my opinion Natural causes death resulted from. Su'cide Undetermined manner Accident Homicide | CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, fown, or county) 22d. LOCATION (City, lown, or country) 22a, BURIAL, CREMATION . 1 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY (Stele) REMOVAL (Spacify) ice Crema Ing Sullind St. No 1960. Celar 20 aug remalian 23- FUNERAL DIRECTO VS. A15ME AUG 2 3 '60 5M 7/59 1557 Whee one Centhan & Kraud



V\$ A15 (4) 15M 10/57

-			9403	CERTIFIC	ATE OF D	EATH		Reg. Dist	1936	0
A	)-:	PLACE OF DEATH COUNTY Mon	tgomery	MARYLAND	II a STATE	eryland	eased lived If institut b COUNT		e before odm	lu lu
	١.	RURAL and give n	If outside corporate limits, write earest tawn)	e. LENGTH OF STAY IN 16		OWN (If outside of	orporate limits, write	RURAL and g	ve nearest for	vn)
m )		OR INSTITUTION	TAL (If not in haspital, give street	address)	d. STREET A	DDRESS			ON	SIDENCE A FARM?
	3.	The ULINIC	cal Center, Bet	Middle	Los	OF		nth .	Doy	Yeor
		(Type or print)	Florence  6. COLOR OR RACE   7 MAR	Rose	Siel:	sch DEA	ATH Aug	,	19,	19 60 DER 24 HRS
		Female	White woow	ED DIVORCED	December	30, 1952	last birthday) 7 yrs	Months [	Days Hours	
		during most of wor	ON Give kind of work done 106 king life, even if retired)	None		ict of Co			J. S. A	
Ī	13,	FATHER'S NAME			1	MAIDEN NAME				
		Edward Sie	RINUS ARMED FORCES? 16.	SOCIAL SECURITY NO 17		M. Snyde	Record 🚧	dress		
	[ [Ye	no or unknown)	(If yes, give war or dates of service)				Bethesd	4	Marylar	nd
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 7 Pulmonary Embolus									ETWEEN D DEATH LNUTOS
		Canditions, if a	DUE TO	ute Lymphocyti	c Leukem	ia	·		16 M	onths
	gave rise to immediate couse (a), stating the under- tying couse last.									
	FICATION	PART II OTI	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DIS	EASE CONDITION GI	VEN IN PART	PERF	ALTOPSY ORMED?
	CERT FIC	20a ACCIDENT WAR	AS UNDERLYING THE 20%. DES	SCRIBE HOW INJURY OCCURR	ED. (Enter nature o	injury in Part I or	Part II of Hem 18 )		1 10 12	1 110
	MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Manth, Day, Year 20d. I White		LACE OF INJURY II	dome, form, 20f   bldg., etc.)	(City or tawn)	(Co	ounty)	(Stale)
		21. I certify the	not I attended the deceas							
ra		ACTUAL 6	9 Kipsalle	.60, , and that deat			5 (Street, city or town			ATE SIGNED
and the second		PHYSICIAN'S NAME (Type)	RICHARD E. RIES	SELBACH, M.D.	Nat:	onal Ins	titutes of Maryland	Healt		
	220	BURIAL, CREMAT C REMOVAL (Specify)	August 24, 196	22c. NAME OF CEMETERY CO. Plow Churc	OR CREMATORY	229 LC	ocation (City, town, Deson Twn.		Co.	Penna.
	-	FUNERAL DIRECTOR		Birdsboro,	Penna.	240. REC'D BY RED DAMUG 2 4		ISTRAR'S SIGN		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

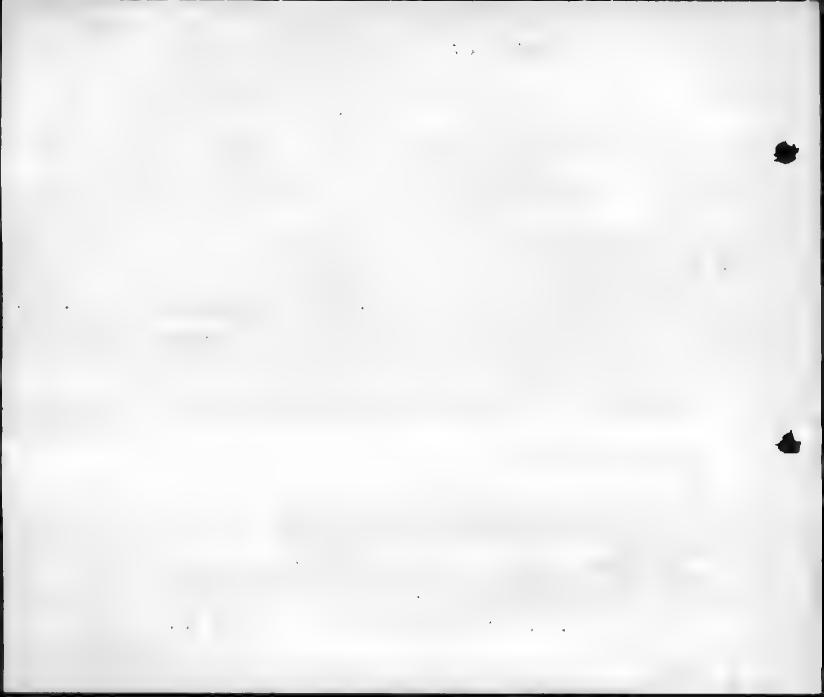
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1	PLACE OF DEATH O COUNTY Mont	gomery		MARY	LAND	2 USUAL RESIDENCE (Maryla	here decease nd	d lived If estatuti b. COUNTY		ce before		(מכ
	b CITY OR TOWN (if RURAL and give new Wheato)	autside ca <mark>rporote limils,</mark> arest town)	write c LER	NGTH OF STAY	GETH OF STAY IN 16 C. CITY OR TOWN			prote limits, write R	URAL and g	give neore	ist fawn)	
		AL (If not in hosp-tol give	street oddress	;)		d STREET ADDRESS 9802 Camero		et /		e	S RESIE ON A I	FARM?
3	NAME OF DECEASED (Type or print)	BENJ AM	EN	M ddle		SINGER	4. DATE OF DEATH	August	10	Day		eor 9 60
5	Male	6 COLOR OR RACE 7	MARRIED 🗍	NEYER MARRIE		August 11,	1891	9 AGE (n years last birthday) 975	Months		Hours	R 24 HRS Min.
10	during most of work Milliner	ing life, eyen if retired)	ne 10b KIND (	OF BUSINESS O	R INDUST	RY 11 BIRTHPLACE (Stor	e ar foreign c	country)	12. CITI	IZEN OF V		DUNTRY
13	3. FATHER'S NAME					14 MOTHER'S MAIDEN	NAME					
1	Philip S	inger				Gertrude						
		IN U. S. ARMED FORCE		L SECURITY NO		ormant Gertrude	E <b>ise</b> ns	Add tein—9802		eron	st.s	SS.Md
NOTATI	Conditions, if or gave rise to in cause (a), stoling (lying cause lost.  PART II OTH	the under: DUE TO	TONS CONTR	BUTING TO DE	ATH BUT I	NOT RELATED TO THE TERI	MINAL DISEAS	SE CONDITION G	VEN IN PAR		PERFO	RMED?
MEDICAL CERTIFIC	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	20d. INJURY		20e. PLA	(Enter nature of in ury H CE OF INJURY (Home, fai ary, street, office bldg , e	rm, 20f (Cit	y ar tawn)	(1	County)		(State
	21 I certify tho saw the deceas 220 S GNATURE 224 PHYS C AN 5 NAME (Type)	t (1) (this hospital) ed alive an Ser Morris Fer			I that de	attending		the causes at	_	2-10-	stated	
2	30 BURIAL CREMATIO REMOVAL (Sore by)	Aug. 12,		th Davi				nt, L.I.,	N.Y.		(State	=)
2.	B. DAN ZAN	SKY LSUNS	-3101	ADDRESS 1-14/76 S	ナル	W 25g RE	C'D BY REGIS		ISTRAR'S SI	GNATURE Z Tu		

TO HOSPITAL OR ATTENDING PHYSICIAN: To aw requires that the death certificate be executed within 24 the after death. Page 4 may be retoned by the haspital or attend. Any scian.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages I and 2 shauld be after with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 22 haurs ofter death VR A15 (4) 15M 9/59

ofter death Page 4



Division STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) PLACE OF DEATH director. Page or your files. e. COUNTY b. COUNTY MARYLAND b. City OR TOWN (if out) de corporate linits, c. LENGTH OF STAY IN 16 . CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, dive street eddress) ON A FARM? YES NO W 3. NAME OF Middle DECEASED and 3 to the DEATH (Type or print) With AGE (In yours | IF UNDER 1 YEAR ! IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED may L lest birthdey) and 2 w Months WIDOWED T DIVORCED [ 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired 14. MOTHER'S MAIDEN NAME 15. WAS DECEMBED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or untown) ((Ifyesgivewarordatasofservica) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), PART I, DEATH WAS CAUSED BY. pencil IMMEDIATE CAUSE (a) burial-1 DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (a), sleting the underlying cause lest. PART I. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? NO X neviou coronary plnods 200. EXTERNAL CAUSE WAS PRIMARY OF COURSEUTING 1 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of tem 18.) CAUSE OF DEATH. Chief J (County) 20c. TIME OF INJURY Month, Day, Yeer | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, , 20f. (City or town) (State) factory, street, office bldg., atc.) While __Not While al work at work the certificate, 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry A. and in my opinion 0 forwarded to L DIRECTO death resulted from. Natural causes , Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED ease execute t should be for FUNERAL I DEPUTY MEDICAL EXAMINATION Address (Street, city, town, of county) 1 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) 22a, BURIAL, CREMATION : 22b DATE THEREOF Washington D. C. 240 g Burial 1960 Mt Olivet Cemetery 246. REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Orthur S. Kraus VS. A15ME F. Gasch's Sons '60 DATE AUG 8 Hyattsville, Md. 5M 7/59

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ND STATE DEPARTMENT OF HEALTH



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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1. PLACE a COU	OF DEATH	0 -1	-0		- 11 .	JSUAL RESIDENCE (V	Vhere decease	d lived. If institut		before adm	ission)
4 400		tgomery		MARYLA	ND	Marvl	and	b. COUNT	Monte	naery	
		outside corporate lim	its, write	c. LENGTH OF STAY IN	1b	CITY OR TOWN (IE	autside corpo	rate limits, write	RURAL and giv	re nearest to	wn)
KUK/	AL and give nea Beti	nesda.		14 hrs.	- 1	Cherry	Chase	15			
d NAM	AE OF HOSPITA	L (If nat in haspital,	give street			d STREET ADDRESS	OHOSE	-da _y l		e. IS R	ESIDENCE
OR I	NSTITUTION Cas ba	ırban				1 1000	וז מ	D3 3			I A FARM? □ NO <b>X</b>
, NAME				44 2 10			Bradle				
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(Туре а		Roy	1	Lindsay		Smith	DEATH		ust	30	19 60
5. SEX		6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	□ B. D/	TE OF BIRTH		9. AGE (In years lost birthday)		YEAR IF UN	
Male	9	White	WIDOWE	DIVORCED [	] .	10/2/97		62 yrs		28	* *************************************
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Outmi	Retired	ng life, even if retired I	1	Accountant	t	Lexingto	n. No.	Carolin	a II	S .A.	
3. FATHEI	R'S NAME			11000 4110411		MOTHER'S MAIDEN		0020221	4 0	1 67 4	
I	Peter S	ai + h				3.4	7.7				
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No				Inknown	Son	Mr. Jenn:	Ings !	C. Smit	h		
18 C	AUSE OF DEAT	<b>H</b> [Enter anly one co	ause par lic	ne far (a), (b), and (c).]		. /		,		INTERVAL ONSET AN	
	PART I. DEATI	H WAS CAUSED BY:	-1	CERTRARA	1	-thorn	1 12	1120		//2	Mou
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	cause last	) (	c) / 0	MATEN	SIVI	BUTT	RLD SK	CNU716	77	10	400
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š											NOX
	ACCIDENT WAS	UNDERLYING DEATH	20b DES	CRIBE HOW INJURY OCC	URRED (E	ter nature of injury is	n Part I or Por	t to of item 18.)			
OR CO	ONTRIBUTING [ THER, NOTIFY A	[] CAUSE OF DEATH MEDICAL EXAMINER)									
	ME OF INITIRY	Month, Day, Ye	er 20d li	NURY OCCURRED 20	e PLACE	OF INJURY (Hame, fai	rm 20€ /Citi	or town)	IC+	iunty	(Stat
	Haur a.m.	,	While	Nat while		street, affice bldg , e		er tannı	100	2(11)	(5 0)
Ĕ	р. т.	19	of wor	k at work			1				
21 1	certify that	(I) (this hospita	) aftend	led the deceased fro	am. 20	1 Chot	266, 10-	30 Cyn 7	19.60	O that (X	(we) lo
	the decease	7.2	OCon	+ 19/10 and th	nt deat	a accurred 5:15	A from	the courses a	nd on the	data tole	ed abov
	GNATURE		0	DELL TY SEL YT GILD III	or ocan	accorred at	7 FFF, CF GHTC	me caoses a	no on the		22b. DATE
1 (	1. 6	1-10		1 1 =	14.0		MED	STAFF A		206	SIGNE
220 6	HIS CIAN'S	HE Y CC	an	reger	M.D.	22d ADDRESS	DIRECTOR [	PHYS A		204	pc/ /-1
N	ME (Type)	Candon	D			1) : 1	. 511	m	1. A.C.		
	DI	. Gordon	nosen	berger		TOOK	vay	-).	4 (cas	228	
		23b. DATE THERE	OF	23c NAME OF CEMETE	RY OR CR	MATORY	23d. LOCA	TION (City, town,	or county)	(\$1	tote)
	OVAL (Specify)	9/1/60	)	Rock Cre	ek C	emetery	l Mas	shingto	n D	C	
	A. DIRECTOR'S	SIGNATURE		ADDRESS			C'D BY REG S		ISTRAR'S SIGN	NATURE	
S B	obrect	M. Pomi	ohres	Bethesd	a. M	aryland	o 3 1 100		1 . 9 40		
		4.3 4.4	- / - 7		7		1 1 1 16 1		7 A F T		

To may be replaced by the haspital or otherdillocation.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director.

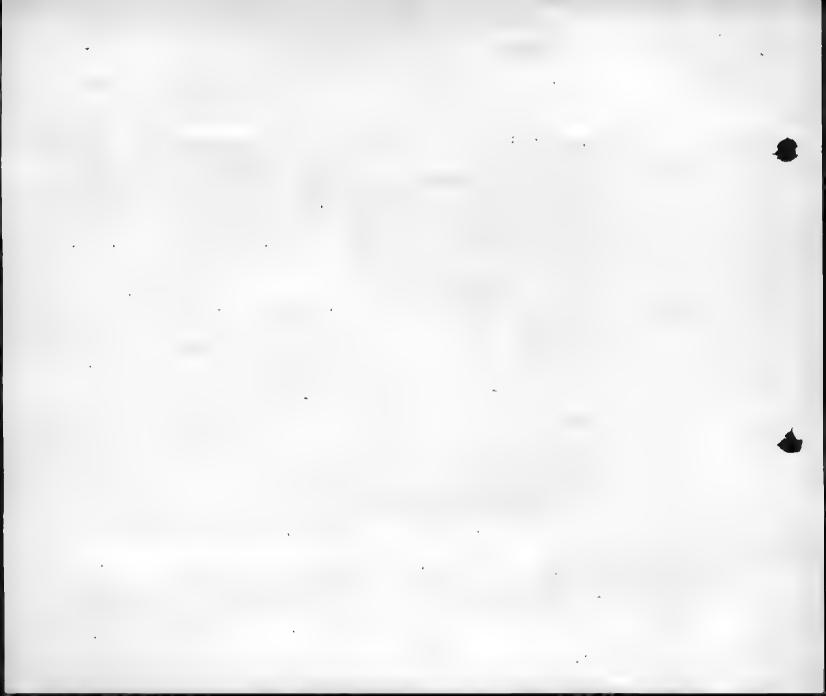
To fill the filled in by the funeral transition or remayal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

after death. Page 4

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TO HOSPITAL OR ATTENDING PHYSICIAN



MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 1 2. USUAL RESIDENCE (Where deceased I vad If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If butside corporate I mits, write RURAL and give hearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? Washer 3 NAME OF YES NO K 4. DATE OF DECEASED (Type or pr n) DEATH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS.
ast birthody) | Months | Days | Hours | Min. D VORCED 10b. KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF WHAT COUNTRY? pages ME FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give weror detas of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO LUSIUN gave rise to immadiate cause causa last. should be used 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of nigury In Part I or Part II of tram 18.) ease execute the certificate, writing the word should be forwarded to the Chief Medical FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, crema 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DEPUTY MEDICAL EXABINER. CAUSE OF DEATH. 20d. INJURY OCOURED 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) factory office bldg., atc.) Not While 19 Lew al work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection ... Inquiry and in my opinion Natural causes V. death resulted from. Accident . Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MED CAL EXAMINER NAME (Type) Addrass (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22d. LOCATION (City, town, or country) 22c. NAME OF CEMETERY OR CREMATORY (Stata) REMOVAL (Specify) Richmond, Virginia Oakwood Cemetery 23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. ATSME The S. H. Hines Co. Washington, D. C. DATE AUG 1 7 '60 arthur S. Krous 5M 7/59

ARTMENT OF HEALTH

**BALTIMORE 1. MARYLAND** 

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY o. STATE b. COUNTY MARYI AND EMRYU Nouxagenery b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest fown) c. LENGTH OF STAY IN 16 c CITY OR TOWN (it outside corporale limits, write RURAL and give nearest town) should 121021 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? 54. CV Washusa hec. YES NO NAI 3 NAME OF 4. DATE Middle Lost Month Day Year DECEASED OF DEATH (Type or print) 1960 22 NONG within 5 SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9 AGE (In years last birthdoy) Months Dovs Hours Min romal WIDOWED [ DIVORCED 10e USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) gug 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Byom 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address 2 ottending death III lease CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) the DUE TO á permit. ony Conditions, if any, which (b) paudis gove rise to immediate **DUE TO** cause (a), sloting the underlying couse lost. buriol-transit (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19, WAS AUTOPSY remayal, PERFORMED? YES [7-NO [7 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1i of item 18.) PHYSICIAN: certifica the ä 6 WEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or lown) (County) (State) factory, street, office bldg , etc.) Hour o. m. While Not while After this of work of wark detached for 1-1 - 190 - 19 21. I certify that I attended the deceased from 7-7-, 194 , that I last saw the deceased ERAL DIRECTOR: / shauld be detach alive an and that death accurred at 12 MM, from the causes and on the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL prior May be re-PHYSICIAN'S NAME (Type) registror 226 DATE/THEREOF 220 BURIAL CREMATION, 22c NAME OF CEMETERY OR CREMATORS 228 LOCATION (City, town county (State) REMOVAL (Specify) ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE 26 VS A15 (4) 15M 9/IIS

er death.

certificate

requires that the



VS A15 (4) I5M 9/5B

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9408 CERTIFI

**CERTIFICATE OF DEATH** 

Reg Dist No. 367

1 PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived in first lution is a COUNTY a. STATE b. COUNTY	Residence before admission)
MADVIAND 3 4 4 5 COOKING	Montgomery
b CITY OR TOWN (If outside corporate limits, write RURA. RURAL and give nearest tawn)  c. LENGTH OF STAY IN 16  c. CITY OR TOWN (If autside carporate limits, write RURA.	, and give nearest lawn)
Travilah  d NAME OF HOSPITAL (fination haspita, give street address)  d STREET ADDRESS	
d NAME OF HOSPITAL (fination haspital, give street address)  OR INSTITUTION  d STREET ADDRESS	on a FARM?
RFD # 3, Gaithersburg RFD # 3, Gaithersburg	rg YES 🛛 NO 🗌
3 NAME OF First Middle Last 4 DATE Month OF	Day Year
(Type or print) Fidelia Walker Snyder DEATH Aug.	
	JNDER 1 YEAR IF UNDER 24 HRS
Female White WIDOWED DIVORCED Aug. 11, 1871 89 79	July 10013 Mai
10g. USUA. OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired)	12 CITIZEN OF WHAT COUNTRY?
Housewife Own Home Browningsville Md.	USA
13. FATHER'S NAME	
G. W. Walker Rachel Browning	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT  (You, no, or unknown)   (If yes, give wor or date of service)	
No none Mrs Carol W. Snyder, R."3.	Gaithersburg
18. CAUSE OF DEATH [Enter only one cause pay one for (a) (b), and the control of the cause pay one for (b).	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY (MCChurchaster Cause to)	Set and Death
DUE TO DUE TO D	
Canditions, if any, which) (b) (M) (MANNA // COM	6 arous
gave rise to immediate DUE TO	
cause (a), stating the under:	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I	IN PART I(d) 19 WAS AUTOPSY
OIL TO THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF	PERFORMED?
PART IS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I  200 ACC DENT WAS UNDERLYING TO ACC DEATH  OR CONTRIBUTING CAUSE OF DEATH  (If EITHER, NOTIFY MEDICAL EXAMINER)	Table Table
20c. TIME OF NJURY Manth, Day, Year 20d INJURY OCCURRED While Not while at wark at wark at wark	(County) (State)
21. I certify that Nottended the deceased from 2 ) Jane 1960 to 78 (118 May 1960) tho	t I last sow the deceased
olive on , 1990 , and that death occurred at 134 M, from the couses and a	on the dote stated above
ACTUAL APORESS (Street, city or lown, state	DATE SIGNED
SIGNATURE M.O () When Jamy as	illiumoo
	fr ff fram grace
PHYSICIAN'S 11 5 MURPHY Dacksmille W	Q
22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCAT ON (Gity town, or co	ounty) (State)
22a. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCAT ON (City town, or co	
PAME (Type)  22a. BURIAL, CREMATION, REMOVAL (Specify)  Burial Aug 30, 1960  Betheade Meth  Brown in Caut  23 FUNERAG DIRECTOR SIGNATURE  ADDRESS  24a REC D BY REGISTRAR 24b REGISTRAR  24b REGISTRAR  24c REC D BY REGISTRAR 24b REGISTRAR	



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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IF UNDER 1 YEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

5 months

19 WAS AUTOPSY PERFORMED? YES TO NO

(Stote)

22b DATE 8-26-60 SIGNED

hours

hours

(County)

256 REGISTRAR'S SIGNATURE

arthur & Kraue

25g REC'D BY REGISTRAR

U.S.A.

Months

IS RESIDENCE ON A FARM

Yeor

1960

YES A NO

CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o COUNTY g STATE **b** COUNTY MARYLAND Montgomery Florida b. CITY OR TOWN (If autside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 5h days Bethesda Marianna d. NAME OF HOSPITAL (If not in hospital give street address) d. STREET ADDRESS OR INSTITUTION Route #2, Box X 100 The Clinical Center NAME OF Middle DATE Month DECEASED death [Type ar print] DEATH August None Speights 5 SEX 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED T B. DATE OF BIRTH 9 AGE (in years lost birthday) Female Negro DIVORCED [ l March 1943 WIDOWED [ 'n 100 USUAL OCCUPATION (Give kind of work date) 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) dod during most of working life even if retired)
Student None Florida 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Speights, Carroll Vicy Peering remaye S ARMED FORCES? The Medical Record, AdThe Clinical Center. IS WAS DECEASED EVER IN U 16 SOCIAL SECURITY NO 17 INFORMANT Not Available NIH, Bethesda, Maryland eose Ony 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c) PART I DEATH WAS CAUSED BY Gram Negative Septicemia IMMEDIATE CAUSE (a) DUE TO Choriocarcinoma Canditions if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause lost Pulmonary Edema CERT FICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) bur. 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) the MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) factory, street, affice bldg., etc.) While Not while at work at work 1960 to August 26, 1960, that (1) (we) lost 21 I certify that (I) (this hospital) attended the deceased from July 3. P saw the deceased alive on August 26, 1960 , and that death occur. 10 100 M, from the causes and on the date stated above Heoith detoch 22a SIGNAJURI ATTENDING PHYS ě, M.D. DIRECTOR T PHYS | C. 7 22c PHYSICIAN S 27d ADDRESS The Clinical Center, NIH should NAME (Type) M.D. Stolbach Maryland 23g. BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, lown

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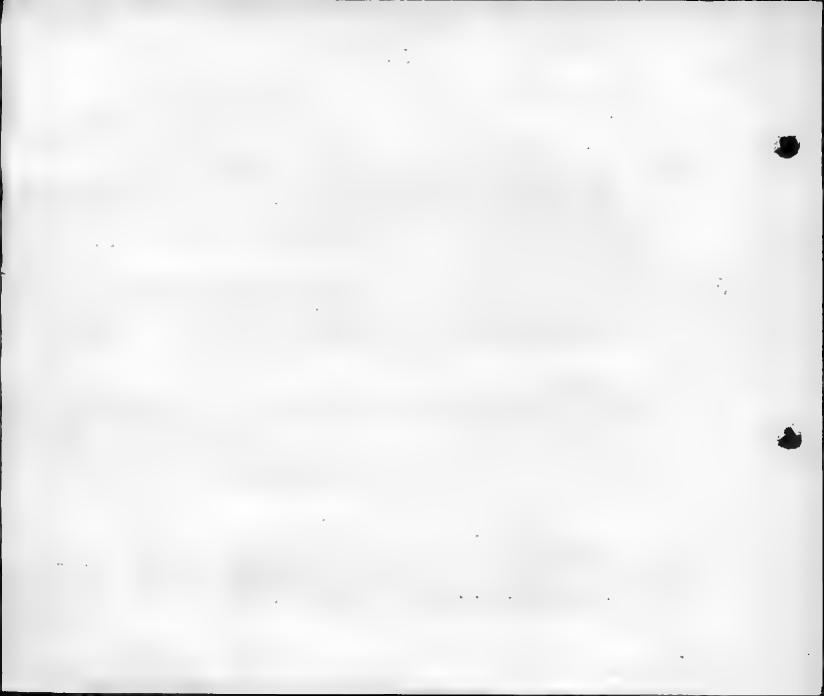
that the death certificate

**VR A1S (4)** 1SM 9759

REMOVAL (Specify)

HOSPITAL OR ATTENDING

Ö



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admiss on) 6 COUNTY **b.** COUNTY MARYLAND death; CITY OR TOWN ( Poutside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) and give gearest town) Silver Spring d NAME OF HOSPITAL (If not in hospital give street address) d. STREET ADDRESS **JOR JINST TUTION** Colesville NAME OF 4. DATE Middle DECEASED (Type or print) DEATH 9 AGE (In years last-birthday) S SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED Months WIDOWED T DIVORCED [7] 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHP(ACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working tife, even if retired) ond nousewite carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 6 IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address offending NO CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS 20a ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II) of item 18.1 OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Month. 20s. PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work 19/2 4, that I last saw the deceased 21. I certify that I attended the deceased fram alive on ., and that death occurred at 😂 🔏 M, from the couses and an the date stated above FUNERAL DIRECTOR: **ACTUAL** SIGNATURE-3 should PHYSICIAN'S NAME (Type) 220 FURIAL CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City_Lown, or count) VENNERAL DIRECTOR S-STERMANUE 240. REE'D BY REGISTRAR 266 REGISTRAR S SIGNATURE

09369

e IS RES DENCE

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES 🔲 NO 🖟

> > (State)

(Stole)

(County)

Children S. Freder

ON A FARM? YES TI NO KO

Year

1967

VS A15 (4) 1SM 10/57



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 9200

09370

		4-2-4									
o. County  Montgomery			MARY	rland	2 USUAL RESIDENCE (* 0. STATE Georgia	Where decease	ed lived if institut b. COUNTY	an Resident	ce before	a admiss	on]
		ts, write	C. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (	If outside corpo	orale limits, write f	URAL and g	give near	est town	) *
Bethesda	oreal lowing		466 days	13	Waycross						
d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	Oddress)		d STREET ADDRESS  e S RESIDENCE ON A FARM						
	al Center,	Beth	nesda 14, M	d.							
3 NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE	Mor	rth	Day		'ear
(Type or print)	Edn	a	Elizabet	h	Staton	DEATH	*****				960
5 SEX	6. COLOR OR RACE	7 MARI	RIED 📆 NEVER MARRI	ED 🗍 B	DATE OF BIRTH						R 24 HRS Man
Female	White	WIDOW	ED DIVORCE	D []	October 25,	1912	47 yr	MOINTS	Doys	riours	7010
10a. USUAL OCCUPATIO	ON (Give kind of work	done 10b	KIND OF BUSINESS C	OR INDUST	RY 11, BIRTHPLACE (Sto	ate or foreign (	country)	12. CITI:	ZEN OF	WHATC	OUNTRY?
44 4 -		'	Hosiery		Georg	ia		1	J.S.	A .	
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
Charles 0.	Reed				Jessie W	hite					
			SOCIAL SECURITY NO	17 INI	ORMANT The Me	dical I	lecord Add	lress			
- No	for head diese men an agreement at		ascertainal	le T	he Clinical	Center	. Bethes	da_14,	Mar	ryla	nd
18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), and (c)	.]							
PART I DEA	TH WAS CAUSED BY	M	veosis fun	goide	3				5		
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Š.											NO 🔲
	CAUSE OF DEATH	20b DES	CRIBE HOW INJURY C	CCURRED	(Enter noture of injury	in Port I or Po	rt II of item 18.)				
	Y Month, Doy, Ye		-				y or lown)	(0	County)		(Stote)
Hour c.m.	19			100	July, street, office blug,	814-1					
	at (I) (thus bosouto	1 often	ded the deceased	From	Matr 10	10 50 40	Anonet	27 1066	O the	st (D. 6	un) lact
220 SIGNATURE	A	Ruse		i indi de	dill decorred dg -		i ille Cooses Gi	iu dii iile	dule		DATE
- N. M.	mar of	2	In No	, N	ATTENDING PHYS	MED.	STAFF		8/2	8/60	SIGNED
22c PHYSICIAN'S		-	/					ton		-	
NAME (Type)	Edward E.	Mor	se, M.D.								
23g BLR AL CREMATIC	IN 235 DATE THEREC	)P	23r NAME OF CEM	FTERY OR			_	- v	46_4		-
REMOVAL (Specify)	8/31	160				1 7	61,001	21 1	116	, (	5 2
24 FUNERAL DIRECTOR	S SIGNATURE	,	ADDRESS	24.	250 R	EC'D BY REGIS	TRAR 256 REG	ISTRAR'S SIG	GNATUŔ	£	
IV W. L. ho	nlieta Ci	().	1400 00	"PW	A Sh A C DATE	Alig 3 0 °	60 a	Llug &	Kenn	A	
	Montgomery b CITY OR TOWN (I RURAL and give ne Bethesda d. NAME OF HOSPIT OR INSTITUTION The Clinic  NAME OF DECEASED (Type or print)  S SEX Female  100. USUAL OCCUPATIC during most of work Hosiery IT  13. FATHER'S NAME  Charles O.  15. WAS DECEASED EVE (Tes. ne or unknown)  NO  18. CAUSE OF DEA PART I DEA PART I DEA OR CONTRIBUTING (IF EITHER, NOTIFY  200. TIME OF INJUR HOUR O. m. p m  21 1 certify the SQW the decease 220 SIGNATURE  221 1 CERTIFY THE 222 PHYSICIAN'S NAME (Type)	December 1  Control of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec	Montgomery  b CITY OR TOWN (If outside corporate imits, write Rural and give nearest town)  Bethesda  d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION  The Clinical Center, Bethematical Center, Bethem	D. COUNTY Montgomery  B CITY OR TOWN (If outside corporate imits, write RURAL and give nearest fown)  Bethesda  d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION The Clinical Center, Bethesda 14, Market of Deceased (Type or print)  S SEX  6 COLOR OR RACE T MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED HOSPITAL (Hostery Inspector  100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hostery Inspector  13. FATHER'S NAME  Charles O. Reed  15. WAS DECEASED EVER IN U. S ARMED FORCES? (The no or withnown)  16. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (b)  PART I OTHER SIGNIFICANT CONDIT ONS CONTR BUT ING TO DE Conditions, if only, which gove rise to immediate couse (b), stoting the under lying couse lost.  PART I OTHER SIGNIFICANT CONDIT ONS CONTR BUT ING TO DE CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIPY MEDICAL EXAMINER)  20c. ACCIDENT WAS UNDERLYING OF DEATH HOUR O. M. 19  19  21. I certify that (i) (this haspital) attended the deceased sign the deceased alive on August 2719.60, and contribute of work of the deceased of the contribute of work of the contribute of work of the contribute of work of the contribute of work of the contribute of work of the contribute of work of the contribute of work of the contribute of work of the contribute of work of the contribute of work of the contribute of work of the contribute of work of the contribute of work of the contribute of work of the contribute of work of the contribute of work of the contribute of work of the contribute of work of the contribute of work of the contribute of work of the contribute of work of the contribute of work of the contribute of work of the contribute of work of the contribute of work of the contribute of work of the contribute of work of the contribute of work of the contribute of the contribute of the contribute of the contribute of the contribute of the c	MARYLAND    Documery   Maryland	MARYLAND    COUNTY   MARYLAND  Georgia  b CILY OR TOWN If outside corporate min, write RURAL ond give recreat town!  Bethesda  d. NAME OF CHOSPITAL (If not in hospital, give street oddress)  The Clinical Center, Bethesda 11, Md.  100 Harrison Str.  NAME OF PIRIT Madde  RURAL OR PIRIT DESCRIPTION OF PIRIT Madde  RURAL OR PIRIT DESCRIPTION OF PIRIT Madde  The Clinical Center, Bethesda 11, Md.  101 Harrison Str.  AMBE OF PIRIT Madde  RURAL OR HARRISON Str.  NAME OF PIRIT Madde  RURAL OR HARRISON Str.  NAME OF PIRIT Madde  RURAL OR HARRISON Str.  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55 TO HOSPITAL OR ATTENDING PHYSICIAN: 1 De requires that the death certificate be executed within 24 horself first death. Page 4		e funeral	page 3 shauld be detached for use as the buna transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with		
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U No 13 a	7			Reg. Dill. No.						
I. PLACE OF DEATH o. COUNTY MONTGOMERY	MARYLAND	2, USUAL RESIDENCE (WHO O. STATE MARYLAN	D b COUNTY	in: Residence before admission) MONTGOMERY						
b. CTY OR TOWN (If outside corporate limits, w RURAL and give nearest tawn) SILVER SPRING	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  SILVER SPRING								
d. NAME OF HOSPITAL (If not in haspital, give s OR INSTITUTION 2302 PEGGY LANE	treet address)	d STREET ADDRESS 2302 PEGGY	LANE	■ IS RESIDENCE     ON A FARM?     YES  NO X						
3. NAME OF Post DECEASED (Type or print) JENNIE	M·ddle	tost STEFFEL	4. DATE Mont OF DEATH AUG.	/-						
5. SEX 6 COLOR OR RACE 7	MARRIED NEVER MARRIED	B DATE OF BIRTH JUNE, 1875	9 AGE (in years last birthday) 85 yrs	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.						
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		V	ar fareign country)	12 CITIZEN OF WHAT COUNTRY USA						
3. FATHER'S NAME		14. MOTHER'S MAIDEN N		0.021						
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TS WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] [If yes, give wor or dates of service]		informant AMUEL STEFFEL	7703 12th St.							
PART 1 DEATH (Enter anly one cause property of the cause (a).  PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a).  DUE TO  Candillians, if any, which gave rise to immediate cause (a), stating the under:  Lying cause last.  (c)	INTERVAL BETWEEN ONSET AND DEATH O MAN 10 Tfd 22									
PART II. OTHER SIGNIFICANT CONDITION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTO PERFORMED YES NO									
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21. I certify that I attended the decalive an actual signature Annow C. L.  PHYSICIAN'S NAME (Type) STMON C. WETN.	Jewer	occurred at 6,30A	M, Fram the causes and ADORESS (Street, city or tawn	that I last saw the decease d an the date stated above state)  DATE SIGNE Whith DC Aug 13, 196						
220 BURIAL, CREMATION, 226. DATE THEREOF BURIAL (Specify) 8-24-60	22c. NAME OF CEMETERY C	DR CREMATORY  CEMETERY	22d. LOCATION (City, town, of	(State) MARYLAND						
23, FUNERAL DIRECTOR'S SIGNATURE & Some	- 35 DDRESS 14156.		BY REGISTRAR 246 REGIS	STRAR S SIGNATURE						



SIGNATURE 8. Kraus

2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)

PLACE OF DEATH

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e hospiti : After I iched foi Ith prior		21 I certify that (I) (this haspital) attended the deceased from saw the deceased alive on August 21, 19 60 and tha	mAu	gust 16, 19 60 to August 21, 19 occurred at 6:18, From the causes and an
RECTOR the detail of Heat		220. SIGNATURE		ATTENDING MED STAFF
RAL DIII		NAME (Type) Allan Goldblatt, M.D.		22d ADDRESS The Clinical Center, Bethesda, Maryland
may be FUNE page 3 the Stat	230	FEMOVO BOTTO 236 DATE THEREOF 236 NAME OF CEMETER	Y OR CRE	MATORY 23d LOCATION (C 14, town or coun
R A15 (4)	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS A	St.	250. REC'D BY REGISTRAR 256 REG STRAP'S  DATE AUG 3 0 '60 Contlum
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a. COUNTY 6 COUNTY MARYLAND South Carolina Montgomerv CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Travelers Rest 8 days Bethesda d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d STREET ADDRESS ON A FARM? YES NO K Route # 2 The Clinical Center. Bethesda 14. 4. DATE NAME OF Middle Last Month Year 1960 DEATH (Type or print) Ricky Samuel Stidham August IF UNDER TYEAR IF LINDER 24 HRS 6. COLOR OR RACE MARRIED THEVER MARRIED TO B DATE OF BIRTH 9 AGE (In years lost birthday) Hours August 5. 1960 WIDOWED [ DIVORCED T yrs. Male White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U. S. A. South Carolina Child None None 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Rachel Eaker Samuel Stidham 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT The Medical Record 16 SOCIAL SECURITY NO The Clinical Center, Bethesda 14, Maryland None CAUSE OF DEATH | Enter on y one couse per me for (a), (b,, and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Atelectasis Secondary to Pneumonia Minutes IMMEDIATE CAUSE (o. DUE TO Congenital Heart Disease 17 days Conditions if ony, which (6) gave rise to immediate DUE TO couse (a), stating the under lying couse lost. PART IL OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN N PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO (County) (Stote) 9_60 that (1) (we) last the date stated above 22b. DATE SIGNED NTH



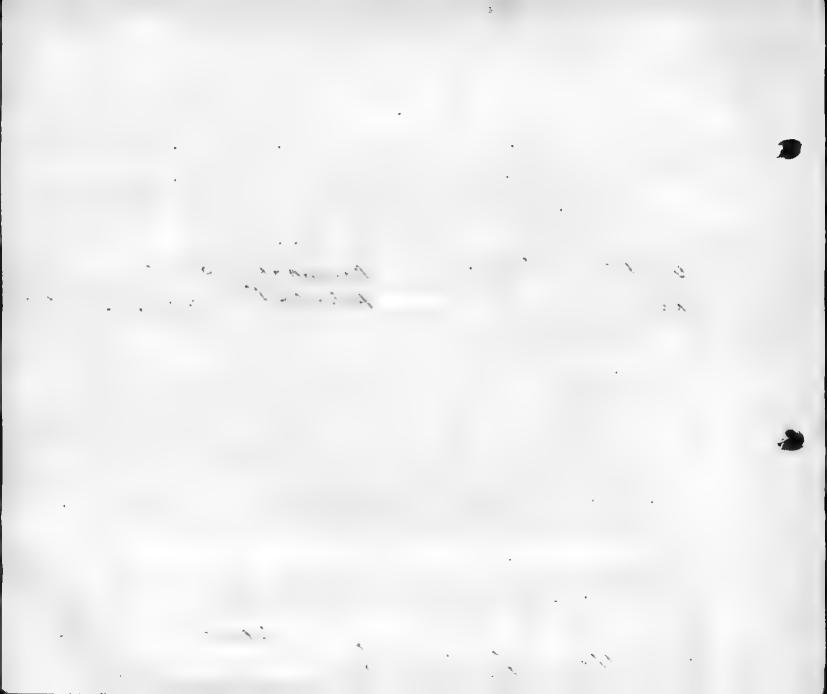
### MARYLAND STÄTE DEPÄRTMENT OF HEALTH-BALTIMORE, 18 14 10 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reo. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) & COUNTY Montgomery g STATE Maryland **6 COUNTY** a to MARYLAND b CITY OR TOWN (it outside corporate insite, with FIRAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wheaton 4 hrs. Baltimore d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e IS RE MEN ON A FARM? 3308 University Blvd. 1922 W. Franklin S YES 🔲 NO 🖳 3. NAME OF Middle Month Year DECEASED William (Type or print) James Stubbs DEATH Aug. 19 6 COLOR OR RACE 7- MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE He years IF UNDER TYPAR IF UNDER 24 HRS fast birthday) Days Hours M.n. mala col. WIDOWED [ 50 yrs DIVORCED [7] 100. USUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) ond ond 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA pages 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Wm HENRY STUBBLE NO 18. CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c) ] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (6) minute **DUE TO** gove rise to immediate cause DUE TO (b), stoting the underlying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS) PERFORMED? YES KI NO 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCUPRED (Enter nature of injury in Part I or Part II of item 18) CAUSE OF DEATH. 20d IN.URY OCCURRED | 20e PLACE OF IN.URY (Home, Forty, 120f. (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (State) foctory, street, office bldg , etc.) 5/29/60 10 excavation job Wheaton of work of work Montg. Md. 21. I certify that I took charge of the remains described above, held on Autopsy 🔼 Inspection 🗍 Inquiry 🗍 and in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 8/29/60 **EXAMINER'S** Frank JV Broschart DEPUTY MEDICAL EXAMINER T NAME (Type) 220, BURIAL CREMATION 276 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 27d LOCATION (City, fown, or county) (Stote) 90

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FUNERAL DIRECTOR'S SIGNATURE



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#### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 1 2. USUAL RESIDENCE (Where decessed I ved. If institution, Residence before admission) e. COLNTY necessary, actor, Page a. STATE **6 COUNTY** director. Page or your files. MARYLAND b CITY OR TOWN (if of s de corporate lim is, write RURAL and give nearest town) c. CITY OR TOWN (If outside corpore's limits, write RURAL and give regrest lown) E. LENGTH OF STAY IN 16 & NAME OF HOSPIT OR INSTITUTION (if not in hospital ig va street address) e. IS RESIDENCE ON A FARM? col YES NO lessue hor NAME OF DECEASED Middle 3 to the OF the t (Typa or print) DEATH 196 A with 6. COLOR OR RACE 7, MARRIED 5 SEX 19. AGE (In year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH age 5 may be and 2 with 72 hours of NEVER MARRIED 4 hours after dea Pages 1, 2, and 3 last birthday! Months | Days DIYORCED WIDOWED V USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? e during thost of working life, even Wrattrad) 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME in Item 18. Give YER IN U.S. ARMED FORCES? (Yes, no, or unknown), (livesquewerordelesofservice) Office along with 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c). INTERVAL BETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) in pencil DUE TO burial (0) the word "pending DUE TO (a), stating the underlying Examiner cause last. nsed PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a). 19. WAS AUTOPSY CERTIFICATION PERFORMED? should be gemat NO Medical 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of liam 18.) PRIMARY | or CONTRIBUTING | forwarded to the Chief Me I. DIRECTOR: Page 3 sho ated agent, prior to burial, CAUSE OF DEATH. assecute the certificate, writing 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm. 20f. (City or town) Month, Day, Year (County) (Stelle) fectory, street, office bldg., atc.) While Not While House a m et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection x. Inquiry K. and in my opinion Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county). 226. BURIAL, CREMATION .. 226. DATE THEREOF 22d. LOCATION (City, lown, of country) OR CREMATORY (Slate) REMOVAL (Spartly) 240 g O Ma FUNERAL DIRECTOR 24% REC'D BY REGISTRAR 248, REGISTRAR'S SIGNATURE VS. A15ME SM 7/59



DIVIDIO OF	SIMILANE MESCHARIO WILL	MECCANDO -	- 047
1	CERTIFICATE	OF DE	ATI

CERTI	IFIC	ATE	OF	DE	ATH

09376

	9411 CERTIFICATE OF D	DEATH (19376	
	1 PLACE OF DEATH  C COUNTY MONTGOMERY MARYLAND 2 USUAL RES	SIDENCE (Where deceased lived, If institution: Residence before admission) VIRGINIA b. COUNTY	
	Rite Signatura Conference (Inventor)	R TOWN (If autside corporate limits, write RJRAL and give nearest town)	
1	US NAVAL HOSPITAL, NNMC, BETHESDA, MARYLANDOL MU	ADDRESS  JSEUM PARKWAY  SEUM PARKWAY  S RESIDENCE ON A FARM? YES \[ \] NO 21	
	(Type or print) EVANDER WALLACE SYLVESTER	dst 4. DATE Month Doy Yeor DEATH AUGUST 4, 19 60	
	Wildow Line	JARY 1899   last birthdoy)   Months Days Hours Min	
	USLA. OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHI during martiness if even if retired) UNITED STATES NAVY LOU	PLACE (State or foreign country)  12 C TIZEN OF WHAT COUNTRY?  U.S.	
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  TO THE ACTION OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STAT		4	
1	TRA W. SYLVESTER (DECEASED) EIOI	SE VIOLET (DECEASED)  Address NEWS, VIRGINIA	
YES WW II Unknown Mrs. FRANCES SYLVESTER 101 MUSEUM PKWY,			
	IB CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) }	NTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY: A Cute Myelocatic Laukamia 4 mas		
	DUETO		
	Conditions, if thy, which (b) gave rise to immediate (b)		
	couse (a), stating the <u>under</u> lying couse lost.  (c)		
	PART I OTHER SIGNIFICANT COND T ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)		
- 5			
	To the Of INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m.    Hour a. m.		
	21. I certify that (1) (this hospital) attended the deceased fram, 28 JULY 1960, to 4 AUGUST 1960 that (1) (we) last		
	saw the deceased alive an 4 AUGUST 1960, and that death accurred at 7:25 P from the causes and an the date stated above.		
	220 SIGNATURE John Moderation Med. STAFF B-5-60 226. DATE SIGNED		
	JOHN WOOD DAVIS, IT MC USN STAFF, USNH, NNMC, BETHESDA 14, MARYLAND		
-	23g BURIAL CREMATION 23h DATE THEREOF 23c NAME OF CEMPTERY OR CREMATORY 23d IOCATION (CIN. Jown or county) (Stole)		
	Burial 8-8-60 ARLINGTON NATIONAL C		
1	24 (TOLERA DIRECTORS SIGNATURE JOHN ADDRESS	250 REC'D BY REGISTRAR 250 REGISTRAR S & GRAAT RE	
	R.A. PUMPHREY 7557 WISCONSIN AVE; BETHESDA, M	D DATE HUG 3	

offer death. Page 4 the funeral

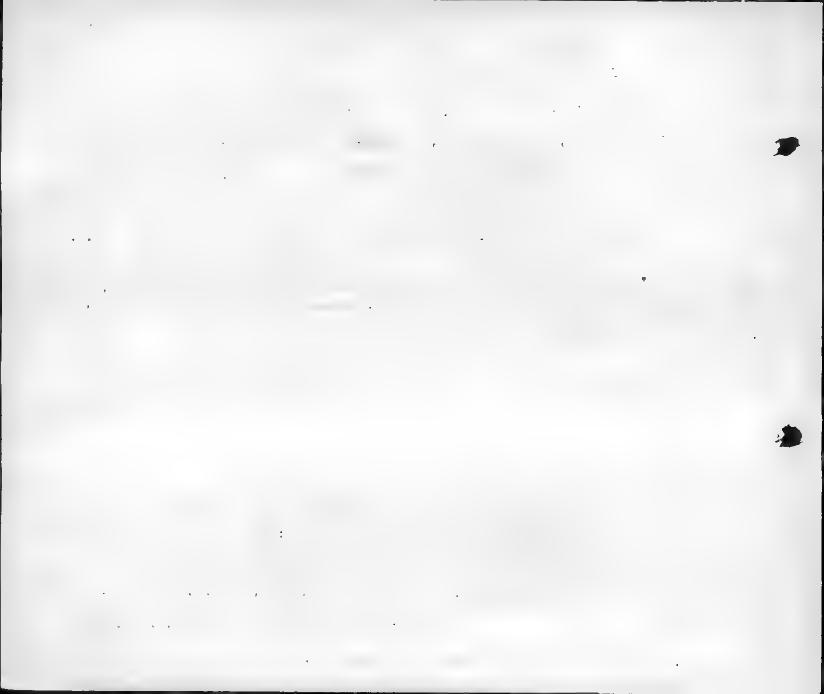
TO HOSPITAL OR ATTENDING PHYSICIAN:

may be retained by the hospital or attending licion

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in L/f the funn page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the State Board of Health prior to burial, cremation, or remaindly, and in any events within 72 hours after death.

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VR A15 (4) 15M 9/59



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
,	CERTIFICATE OF DEATH  Reg. Dist. No.
Page 4	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission)
* A 2.77 N	Montgomery Maryland Maryland Montgomers
death.	b CITY OR TOWN (If outside corporate Minits, write c. UNGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give process town) RURAL and give recognitions    Automatical and give process town
ofter de the fun should	d. NAME OF HOSPITAL VIII 7101 in hospital, give street address.  d. STREET ADDRESS  e. IS RESIDENCE
2 + 30 A	13603 Median White 1-103 Madell Charles No 8
24 h	13 NAME OF DECEASED (Type or print) Geza Szent-Ivan DEATH Que 15 1960
rithin Poge	5 SEX / 6. COLOR OR RACE 7 MARRIED NEVER MARRIED   B DATE OF BIRTH 9. AGE (In year IF UNDER 1 YEAR IF UNDER 24 HRS.
nptet v	100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BITHPLACE (Stote or foreign country)  100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BITHPLACE (Stote or foreign country)  12 CITIZEN OF WHAT COUNTRY.
execution of can bap death	during most of working life, even if retired)  HUNGARY
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physicic physicic phove c hours	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANY Address
2 0 2 2	(15 or or retrooms) (11 yes give wor or dorse of service) Sabar Szent-Zirany Same
death Hendin please	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART A DEATH WAS CAUSED BY  ONSEL AND DEATH
the old	PART 1. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (0) Congestive Heart fracture Month
i that by the	Conditions, if ony, which ) (h)
guires gned perm in a	cause (a), stating the under:  DUE TO
icion cen s ronsit	lying couse lost.   (c)   Section   Part No. Other Significant Conditions Contributing to Death But not related to the terminal disease Condition Given in Part No.   19 Was Autopsy Performed?
naval	VES NO.
ndin cote	20o ACCIDENT WAS LINDERLYING  OR CONTRIBUTING CAUSE OF DEATH URL ETHER, NOTIFY MEDICAL EXAMINER; 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B.)
SICI/ offering ign, lifan,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City of town) (County) (Stote)
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TTEN TOR: Jetock To bu	alive on
OR A DIRECTOR Id be prior	SIGNATURE & help C. Jones M.D. 9/8 Elegenosth Drive
<b>4</b> 5 → 3 p	PHYSICIAN'S Phills E. Johes Silver Spring Ind
HOSPITA	27a. BURIAL CREMATION. 126. DATE HEREOF . 12c. NAME OF CEMETERY OF CREMATORY 22d. IOCATON (Cety forum of founds). () (See )
Page the result	REMOVAL (Specify) (Jug 17, 1960 Rock Creek Circlesy The John Alley of the Control By REGISTRAR 200/REGISTRAR'S SIGNATURE  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS
VS A15 (4) 15M 9/55	Littur Wallers, 254 Carrail St KWBC DATENG 17'60 College & Known

## MARYLAND STATE DEPARTMENT OF HEALTH

	OR NSTITUTION  The Clinical Center Bethuman Secretary of Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex		Q	CERTIFICATE OF DEATH						09378			
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	PLACE OF DEATH a. COUNTY  Montgomery  b CITY OR TOWN (if outside corporate limits write RURAL and give nearest town)  Bethesda d NAME OF HOSPITAL (if not in haspital, give street address) OR NSTITUTION  The Clinical Center Bethesda 11.  NAME OF DECEASED (Type or print)  S SEX  6 COLOR OR RACE  7. MARRIED NEVER M. WIDOWED DIVO  OG USUAL OCCUPATION (Gve kind of work done during most of working life, even if retired)  HOUSEWIFE  S WAS DECEASED EVER N. J. S ARMED FORCES?  S WAS DECEASED EVER N. J. S ARMED FORCES?  NO  1B CAUSE OF DEATH [Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY MEDIATE CAUSE (c)  MEDIATE CAUSE OF DEATH [Enter only one cause per line for (a), (b), and gave rise to immediate cause (o), stating the underly gave rise to immediate cause (o), stating the underly lying couse ast  OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]  200 ACC DENT WAS UNDERLYING DUE TO CONCONTRIBUTING TO CONCONTRIBUTING CONCONTRIBUTING TO CONCONTRIBUTING CONCONTRIBUTING TO CONCONTRIBUTING CONCONTRIBUTING TO CONCONTRIBUTING TO CONCONTRIBUTING CONCONTRIBUTING TO CONCONTRIBUTING CONCONTRIBUTING TO CONCONTRIBUTING CONCONTRIBUTING CONCONTRIBUTING CONCONTRIBUTING TO CONCONTRIBUTING CONCONTRIBUTING CONCONTRIBUTING CONCONTRIBUTING CONCONTRIBUTING CONCONTRIBUTING CONCONTRIBUTING CONCONTRIBUTING CONCONTRIBUTING CONCONTRIBUTING CONCONTRIBUTING CONCONTRIBUTING CONCONTRIBUTING CONCONTRIBUTING CONCONTRIBUTING CONCONTRIBUTING CONCONTRIBUTING CONCONTRIBUTING CONCONTRIBUTING CONCONTRIBUTIONS CONTRIBUTIONS CONTRIBUTING CONCONTRIBUTIONS CONTRIBUTIONS CONT			3	Gracet	on							
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V	3 FATHER'S NAME				11.	MOTHER'S A	MAIDEN N	NAME					
A	Joseph Pol	insky				Mary N	larsh	nall.					
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		S JNDERLYING []	20b DESCRIBE	HOW INJURY O	CCURRED (F	nter nature of	וחנטיץ ומ	Part I or Part	II of item 1B.)				
	OR CONTRIBUTING	CAUSE OF DEATH											
	1 20c TIME OF NJURY	Manth Day, Yes	pr 20d INJUR	Y OCCURRED	20e PLACE	OF INJURY (H	ame, farn	20f (City	ar tawn)	(1	Caunty)	(State)	
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	21 I certify that	t (I) (this haspital	) attended	the deceased	fram. JU	-					, ,		
		ed alive on AU	gust_9_	1960 , and	that deat	h accurred	di2:5	On From I	the causes o	and an the			
	1 1 20	a /				ATTENDING	A.A.	ED	STAFF			225. DATE SIGNED	
		u ( U	we	mo.	M D	PHYS	DI DI	RECTOR .	PHYS [			3/9/60	
	NAME (Type)			_		72d ADDRES	SThe	Clinic	al Cent	er, Na	ational		
		William C.	Awe, N	l.D.		Insti	tutes	of He	ealth. I	Bethese	la III.	Md.	
	230 BUR AL CREMAT OF		DF 23	NAME OF CEM	ETERY OR CE	EMATORY		23d LOCAT	ION (City, Tawn	, ar county)		lale)	
	Burial (abscita)	8/13/19	60	Greenw	ood Ce	emeter	У	India	na Co.	Penns	sylvani	a	
:	4. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS				D BY REGISTI		GISTRAR'S SIG			
	Robert A.	Pumphrey	Beth	esda, M	arylai	nd	DATE A	VG 1 2 '6	60	Cirilwa S	Trans	6	

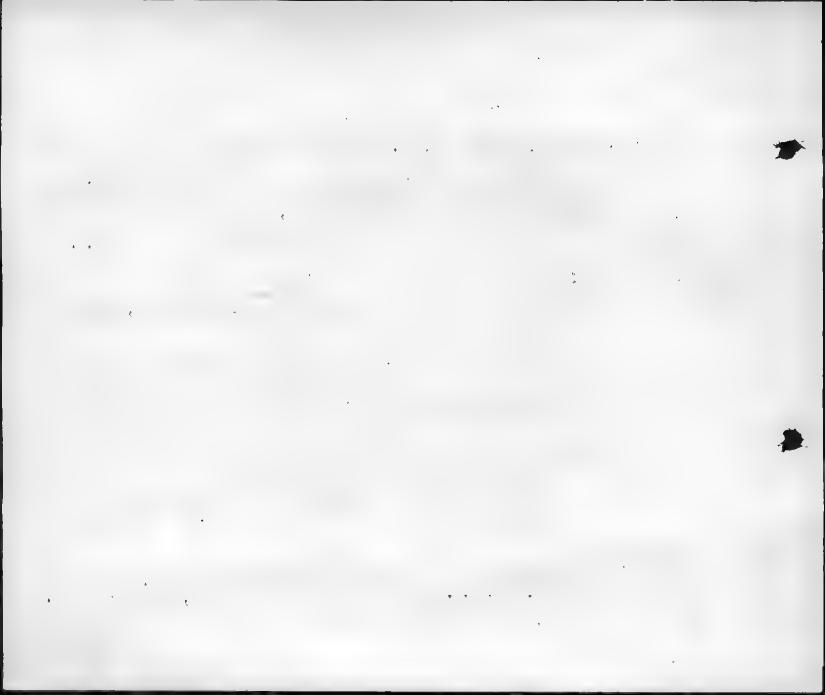
the funeral director, should be filed with ond 2 may be revolved by the haspital or attendit——ystation

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the Brate Board of Health prior III burial, cremation or remaindly and in any event, with III 72 haurs after death

ofter death. Page 4

requires that the death certificate be executed within 24

TO HOSPITAL OR ATTENDING PHYSICIAN: VR A15 (4) 1SM 9/59



s after death. Page 4

law requires that the death certificate be executed within 24 lay

TO HOSPITAL OR ATTENDING PHYSMIAN:

VS A15 (4) 15M 9/SS

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
9260	CERTIFICATE OF DEATH	

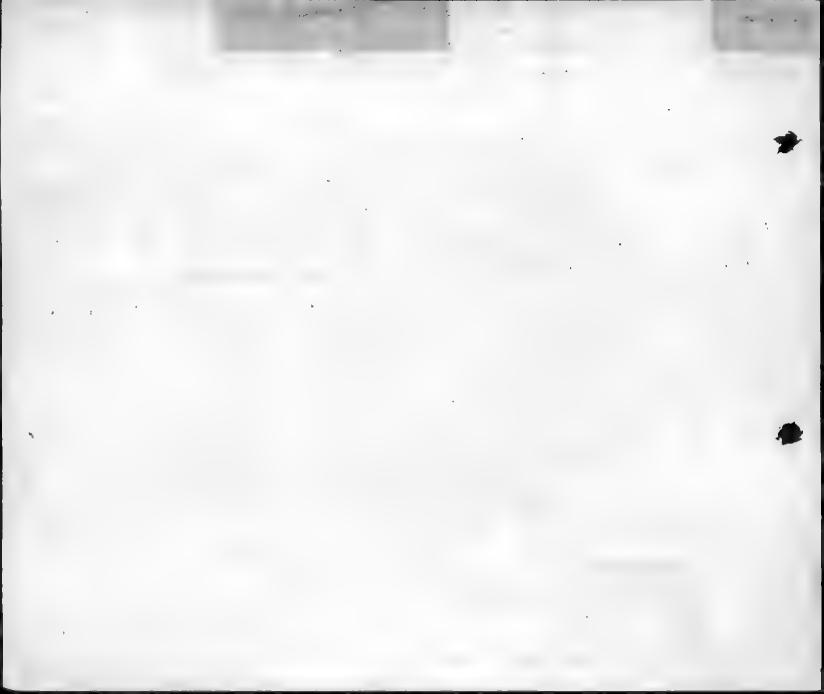
**CERTIFICATE OF DEATH** 

19379 Reg. Dist. No.

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ay) Manth	hs Days	Hours	Min
12.	CITIZEN O		COUNTRY
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9. 18	960, thouses and a town, state)  10 on, or court, N	(County)  9	(County)  9



MARYLAND STATE DEPARTMENT OF MEALTH-BALTIMORE, 18



the attending physician and completely filled in by the funeral director. Then please remove carbon papers. Poges 1 and 2 should be filed with

er death. Page 4

requires that the death certificall be executed within 211

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	QZ = Z CERTIFICA	ATE OF DEATH	
1	1. PLACE OF DEATH  o. COUNTO MARYLAND  MARYLAND	2 USUAL RESIDENCE (Where deceased lived if institution: Residence a. STATE b. COUNTY Mo)	e before admission)
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  (Hence y 4 mm)	C. CITY OR TOWN (If outside corporate limits, write RURAL and gi	ve nearest town)
	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Bracke Grove foundalism	400 Dog wood Dr	e. IS RESIDENCE ON A FARM! YES NO Y
	3. NAME OF DECEASED (Type or print) William Hamilton	1 Thompson DEATH aug	Day Year 72 19 <i>G</i> 0
	s sex 6 color or race 7 married   never married   ma/e Cauc. widowed   divorced	aug/ 1880 80 m	Days Hours Min
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  CLEPK  COUNTY GOV.	and "	215
	Howard Thompson		тера
	15 WAS DECEASEDEVER IN L S ARMED FORCES? 16 SOCIAL SECURITY NO 17 (17 yes give wor or dates of service)	Whn EThompson 1322 Mic	holsen ST.
	PART I. DEATH WAS CAUSED BY:	9 Puns To Edemeign	INTERVAL BETWEEN
	Constiant, if any, which (b)	O Man Stanger	
	couse (o), stoling the under.	Benel pranis	2 Rays.
	PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	RED. (Enter nature 4D rijury in Part 10 Part 11 of item 18)	PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		ounty) (Stote)
	ZOc. TIME OF NJURY Manth, Doy, Year 20d INJURY OCCURRED While Not while at work of or work	actory, street, office bldg., etc.)	
1		death accurred at 2 M, from the causes and an the	
	220 SHONATURE 2 Kandus By Re 22c PHYSICIAN'S	M D ATTENDING MED DIRECTOR STAFF PHYS DIRECTOR PHYS D	22b DATE 9GNED 7. 7-/60
	NAME (Type) M. MEICENTREEL BOYER, M	7. 9830 MAIN ST. JAMI	rzeus, Md
	BUR 14. (CREMATION, 236 DATE THEREOF BUY 14. (Specify) 8-25-60 Damascus	OR CREMATORY 23d LOCATION (City town or county)  Damascus Md.	(State)

may be retained by the hospital ar attending visition.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health priat to burial, cremation, or remayal, and in any event, within 72 haurs ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: VR A1S (4) 15M 9/59

Damascus ADDRESS

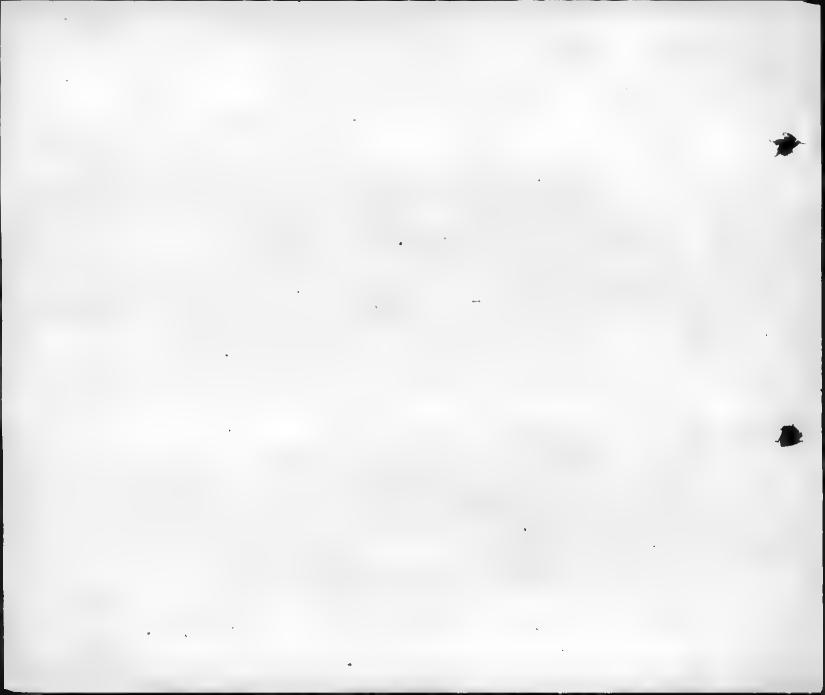
250 REC D BY REGISTRAR DATE AUG 2 5 '60

PAMABOUB Md.

BY REGISTRAR 256 REG STRAR'S SIGNATURE

STAN & Knaub

Laytonsville, Md.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



CERTIFICATE OF DEATH

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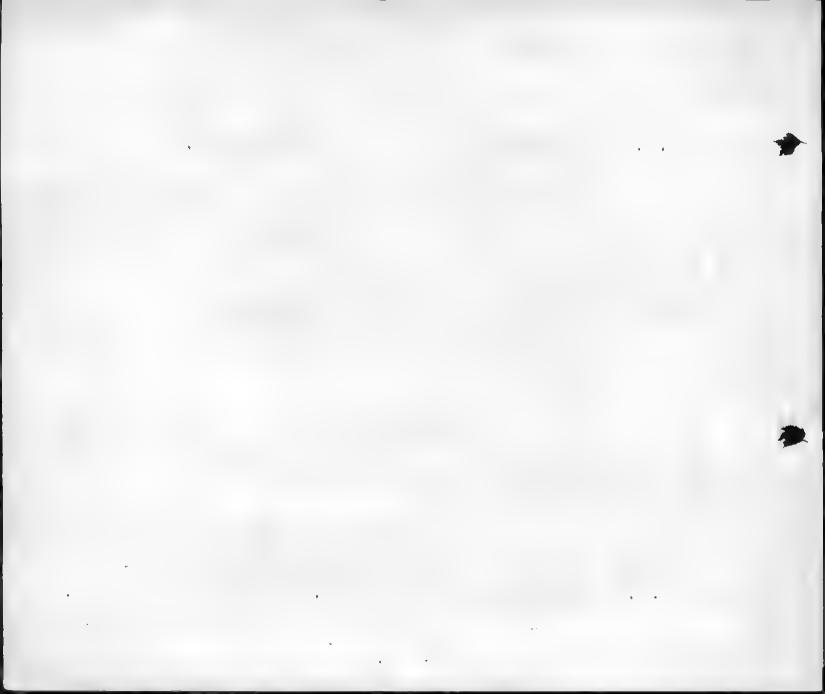
TO HOSPITAL OR ATTENDING PHYSICIAN: In ow requires that the death certificate be executed within 24 how after death. Page 4	vicion.	TO ILUNERAL BIRECTER: After this meriticate has been signed by the attending physician and completely filled in by the funeral director.	page 3 should be detached for use as the buriol-transit permit. Then please remave carbon popers. Pages 1 and 2 should be filed with	the State Board of Health prior to burial, cremotian, ar removal, and in any event, within 72 haurs ofter death.	1
TO HOSPITAL OR ATTENDING PHYSICIAN:	may be retained by the haspital or attending	TO NUNERAL BIRECTOR: After this servificate his	page 3 should be detached for use as the bur	the State Board of Health prior to burial, crem	

VR A1E (4) 15M 9/59

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PLACE OF DEATH					2. USUAL RESIDENCE (	Where decease		on Reside	nce befo	re odmissio	эп]
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OR INSTITUTION		_	oddress)		d. STREET ADDRESS	T\3	L3. D3			e IS RESII	FARM
	val Hospita					Plymou					
NAME OF DECEASED	Fil	128	Midd e		Last	4 DATE OF	Mon	ith .	Do	*	eor
(Type or print)	Eugene		Jerry		Todd	DEATH	nugu	T -	19		96
SEX	6 COLOR OR RACE	7 MARR	IED NEVER MARRIE	D 🔲 B	DATE OF BIRTH		9 AGE (In years lost birthday)	Months .		Hours	24 H Mir
Male	Caucasian	WIDOWI	ED DIVORCES		4 December	1896	63 yrs.		0075	Tiours	74191
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LT SC USN		")	RET		Maryla	nd		Un	ited	Stat	es
3. FATHER'S NAME					14 MOTHER'S MAIDEN	NAME					
madd the	ano.				Stevens.	Marhta					
	Z <b>ONO</b> ER IN U. S. ARMED FOR	CESS 114	SOCIAL SECURITY NO	17 INF	ORMANT	LIGHTING	Add	ress			
(Yes, no, or unknown)	(If yes, give war or dates of s	ervice)					700	700			
Yes	WW1 & WW2		181 10 4620	]	Hospital R	ecords					
Conditions, if gove rise to couse (a), stating lying couse last	the <u>under-</u> DUE TO	)								**************************************	
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OR CONTRIBUTING	/AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b DE5	CRIBE HOW INJURY OF	CCURRED	(Enter noture of injury )	n Part I or Po	rt II of item 18)				
Y 20c. T ME OF INJU	10	ar 20d. Il While al wor	Not while		CE OF INJURY (Home, fo ory, street, office bldg , a		y or town)		(County)		(Sk
	ot (1) (this hospita		1 -			1960 , to	8-19	. 19		oot (I) (v	
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220, 61GNATURE	LV. Harel	-		M	ATTENDING PHYS	MED D RECTOR [	STAFF PHYS X	8-19	-60	72b	SIGN
22c PHYSICIAN'S					22d. ADDRESS		4.2				
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230 BUR AL CREMAT REMOVAL (Specify BURJAL)	ON 236 DATE THEREO	OF O7	23c. NAME OF CEME	-	crematory et Cometery	(3)d 196)	PEB ME	Wa Ma	yyla	nd (Stote	)
the state of	Hirolotope 16	1611			250 05		TPAR 255 PEGI		-		

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arthur S. Kraus



Page 4 after death

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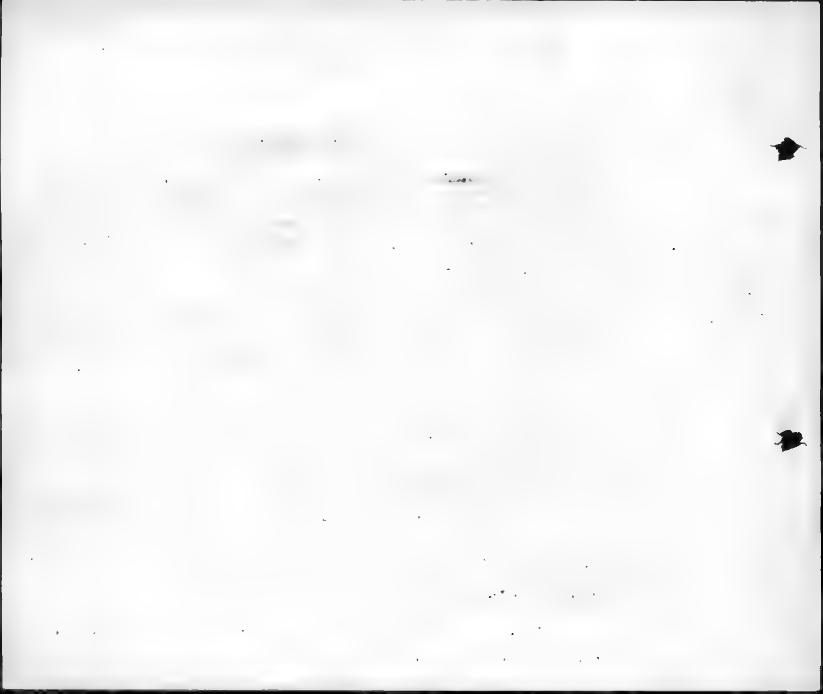
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**CERTIFICATE OF DEATH** 

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

	PLACE OF DEATH o. COUNTY			MARY	LAND	2 USUAL RESIDENCE ( o. STATE Maryla	Where deceased	lived. If instituti b. COUNTY			en)
	Montgo b. C TY OR TOWN (IF RURAL and give ne	outside corporate limi	ts, write	c. LENGTH OF STAY	,	c CITY OR TOWN (		rate limits, write R	Montgo		
_	d. NAME OF TOSHIR	That in haspita , g	jive stroat i	address) J		d STREET ADDRESS				e IS RESID	FARM
_		Suburban				123 WW	incy S	creet		YES 🗍	NO
	NAME OF DECEASED (Type or print)	Charles	st .	Edward	Tr	Lost	4. DATE OF DEATH	Aug.	7	Doy Ye	or 9 6
5 :	sex Male	6 COLOR OR RACE	7. MARR	IED NEVER MARRIE		8/6/89		9. AGE ( n years lost hiethdoy)	Months Doys		24 H Mir
100	JSUAL OCCUPATIO	N (Give kind of work	done 10b.		R INDUS	TRY 11 BIRTHPLACE (Sto	ote or foreign o	ountry)	12 CITIZEN	OF WHAT CO	יזאטנ
		ing life, even if retired	)	Evening St.	- 22	Ind	liana		TT.	S.A	
13	Nows Colum	MISI.		COVISION CONTRACTOR	H1:	14 MOTHER'S MAILER	N NAME "			100 0 03	
		obert John			1	Grace	Beam				
IS. (Ye	NO OF WALDOWN)	IN U. S. ARMED FOR If yes, give wor or dates of s	CESY 16.	SOCIAL SECURITY NO.		#ormant Hospital H	Record	Add	ress		
T		TH [Enter only one co	suse per lin	se for (a), (b), and (c)					11	TERVAL BETY	WEE
/		H WAS CAUSED BY	(2)	n co lator		Luleine			0	NSET AND D	PEAT
	Conditions, if or gove rise to in	DUE TO	Pa	A-open	tio	e chole	ceptec	loney		6 day	2
	cause (a), stating t   lying cause lost,	he under:	, ro	encreati	tu						
CERTIFICATION	PART II OTH	er s gnificant con	PITIONS C	Mellet	TH BUT	NOT RELATED TO THE TER	RMINAL DISEAS	E CONDIT ON GIV	EN IN PART 1(0)	PERFOR	
CERTIF	20d ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S JNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b DESC	TRIBE HOW INJURY OF	COURRET	(Enter nature of injury	in Part 1 or Par	t II of item 1B )			
MEDICAL	20c TME OF NJURY Hour o.m. p.m.	Manth, Doy, Ye	ar 20d In While at worl	Not while		CE OF INJURY (Home, for tory, street, office bldg ,		ar tawn)	(Count	γ)	(Sto
	21. I certify the	at I attended the	deceas	ed from Mac	1/3	1, 1960, to	augus	7, 1960	that I last s	aw the de	ceas
	alive an Gu	aust 7	, 19 (	go, and that	death	accurred at 2 15		the causes ar			
	_	9	. \10	. 1		10. 6		treet, city or fown,		DATE	
	SIGNATURE Z	laine V	0-11	urphi	4	M.D. 4812 Z	ellico	FALL	)W	8-7-	-60
	PHYSICIAN'S NAME (Type)	Elaine M	urphy	7		Was	shing	ton 16,	DC,		
220	BURIAL, CREMATION	, 22b. DATE THEREC	)F	22c. NAME OF CEME	TERY O	R CREMATORY	224 TOCK	TION (City town,	or county)	(Stote)	
	Burial"	8/10	/60	Parklaw	m C	ema tery	Mont	gomery	County	Md.	
0.0	THE RED AT INTREPERSONAL	COMMINSTER		1 DO ACCC		7	marin man merchanism	TO A D. MAIL DECK!	CTRANSC CLOSE AND	CLIDE	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

IS RES DENCE

ON A FARM? YES | NO 7

Year

INTERVAL BETWEEN

WAS AUTOPSY

(Stote)

PERFORMED? YES NO

(State)

(County)



## MARYLAND STATE DEPARTMENT OF HEALTH

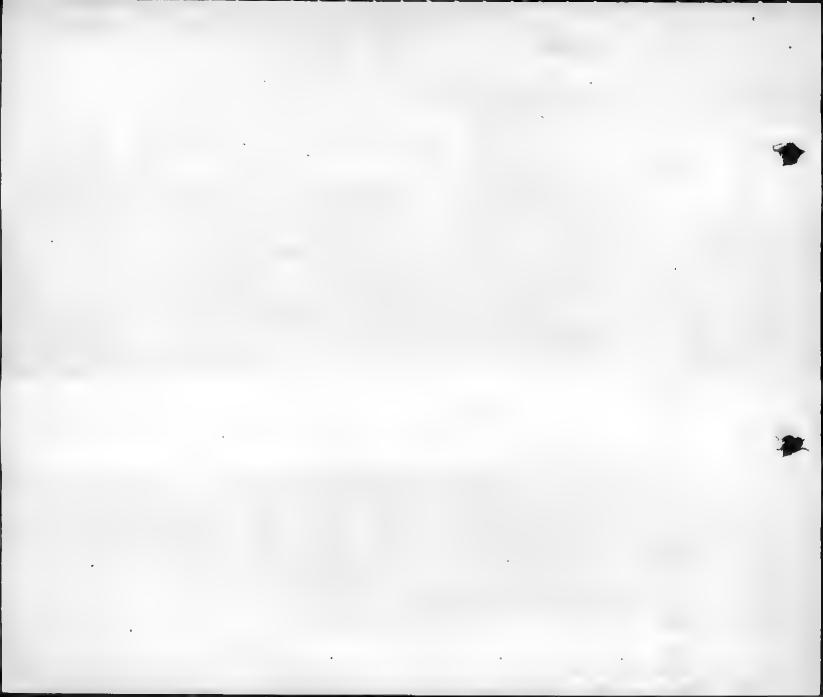
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

09387

4			9296	CERTIF	ICAIL	OF DEAT	Н				
***		LACE OF DEATH	Gomer	/ MARY		USUAL RESIDENCE D. STATE	Where deceased	b. COUNTY	n Residence b		
	b	CITY OR TOWN (four RURAL and give neares		ite c LENGTH OF STAY		C. CITY OR TOWN	(If outside corpora	Ste limits, write RU	RAL and give	nearest town	) /
,	4		(If not in hosp tol give st			d. STREET ADDRESS		ice A	7.0.0	ON A	IDENCE FARM?
		NAME OF DECEASED Type or print)	Fugen	M-ddle	/	iosi	4 DATE OF DEATH	Month	h	11	Yeor 1960
	5 5		COLOR OR RACE 7	MARRIED NEVER MARRI	ED B DA	TE OF BIRTH	9-00	AGE (In years lost birthdoy)	Months Day	AR FUND	
)	10a	USUAL OCCUPATION   during most of working	life, even if retired)	Vet. Adm		11. BIRTHPLACE (S	tote or foreign cou	intry)	12.CITIZEN	OF WHAT	
	13. 1	FREDERIC	Eugene	ON	14	EMILL	EN NAME POTT	aNGA1	7/		
	15. ¹ (Yas,		U. S. ARMED FORCES? es, give wor or doles of service)	16. SOCIAL SECURITY NO none	17. INFOR	MANT /	1 Re	Adding Co Role	833		
			WAS CAUSED BY: IMEDIATE CAUSE (o)	Shock	]					NTERVAL BE INSET AND	
		Conditions, if any, gove rise to imm	ediote (	Hemorthage						SAME	k dray
	7	couse (a), stating the	) (c)	Bleeding de	ucden	d weer				unk	rown
	CATION	Cartinom	a funde		di .	Asperal	ion P.	CONDITION GIVE	etco	PERFC	NO D
	1 1	200 ACCIDENT WAS LOR CONTRIBUTING []	CAUSE OF DEATH	DESCRIBE HOW INJURY O	CCURRED (E	nter notifie of miury	y in Part Ear Part	Il of item 18 )			
	MEDICAL	20c TIME OF INJURY HOUR O. m. p. m.	V	Od. INJURY OCCURRED  /hile Not while work Ot work	20e PLACE foctory,	OF INJURY (Home, street, office bldg.,	form,   20f. (City , etc.)	or fown)	(Coun	sty)	(State)
			11	tended the deceased				negust			
		220 SIGNATURE	vin h.	otheri	that deat	ATTENDING PHYS	MED DIRECTOR	STAFF PHYS	on the de	122	b.DATE SIGNED
		22c. PHYSICIAN'S NAME (Type)	PARVIN L.	KOLKIN, M	١. ٦.	27d. ADDRESS 8485	Fenton	Street	, 35	m	d .
	23o	BURIA, CREMATION,	23b. DATE THEREOF 8/9/60	23c. NAME OF CEM		EMATORY EMETERY		ON (City town of	r county)	(\$10	le)
	24	FUNERAL DIRECTOR'S S	GNATURE INC	SILVER S	PRING,	MD a DATE	REC'D BY REGISTE	AR 25b REG S	TRAR'S SIGNA	TURE	

in by the funeral director, and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN law requires that the death carticusts be executed within 24 the may be retained by the hospital at attending 54 this certificate has been signed by the ottending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, at remayal, and in any event, within 72 homogeter death. VR ATS (4) TSM 9/59

ofter death Page 4



		DII 11 TOTAL	
	1 6	PLACE OF DEATH O COUNTY MONTOOMENY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If instruction, Residence before admiss on) a. STATE: b. COUNTY TO THE CASE
/	6	b CITY OR TOWN (fourside corporate limps, write c LENGTH OF STAY IN 1b RURAL and give georest town)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
4		OR NAME OF HOSPITAL (If nay in hospital, ground reet address)  Brooke Grove Foundation	12/6 Duffield St. 10 15 RESIDENCE ON A FARM TES 1 NOW
		NAME OF DECEASED (Type or print) MIS JESSIE FORERS	Vallace 4. DATE OF DEATH QUO 4 Day Year 1960
	£	Cemale Cauc, widowed Divorced	DATE OF BIRTH  9 AGE (In/yeors lost brithday)  14 19 1873  9 AGE (In/yeors lost brithday)  8 7 yrs.  15 UMDER 1 YEAR IF LINDER 24 HRS  Months Days Hours Min
	1'0a	a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	11. BARTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME Porher + Forher	14. MOTHER'S MAIDEN NAME
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INF	PRIMANT POUL Jack 72/6 Delosis
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  DUE TO	ateri Stowael Interval Between ONSET AND DEATH
		Conditions, if any, which gove rise to immediate couse (a), staling the under-lying couse last	Ca of Stewart yens
, ,	CATION		OT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  1 1 4 YES NO NO
	L CERTIF	_ [ ·	(Enter nature of injury in Part I or Part ³ II of stem 18.)
	MEDICAL	20c TIME OF INJURY Manth, Doy, Year   20d. INJURY OCCURRED   20e PLAC   Hour o m.   19   While   Not while   of work   of work	E OF INJURY (Home, farm, 20f (City of town) (County) (State) ry, street, office bldg., etc.)
ì		21. I certify that (I) (this haspital) attended the deceased from saw the deceased olive on 3	1 12 -14
		Den Berly Zigler M	
		22c PHRSCIANS NAME (Type) JOHA B. DIBOLER	22d ADDRESS CLNSY MD
C	23g	deurial Cremation, 23th DATE THEREOF 23c MAME OF CEMETER OR REMOVAL REPORTS	glope Septembo Prince las to The.
1	24	Minegal DRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS TO THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS OF THE PROCESS	250 RECIDITY REGISTERS 256 RECIPTERS & SLENATURES

may be retained by the haspital or attending of ys cian.

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, at removal, and in any event within 72 hours after death. after death. Page 4 aw requires that the death certificate be executed within 24 h.

TO HOSPITAL OR ATTENDING PHYSICIAN:

VR A15 (4) 15M 9/59



### CERTIFICATE OF DEATH

09389

M	J4/. W				Reg. Di	st. No.
3	1 PLACE OF DEATH  o. COUNTY		2 USUAL RESIDENCE	(Where deceased lived	COMMITTE	
	Montgomery	MARYLAND	Mar	yrand	HOH	tgomery
	b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	II E J Z w	(If outside corporate lim		give nearest fown)
,	d. NAME OF HOSPITAL (If not in hospito , give street of	13 min.	-	thersburg	5	e IS RESIDENCE
ş.	OR NST TUT ON		d STREET ADDRESS		,	ON A FARM?
4		Hosp.	107	James St		YES NO 🔯
	3. NAME OF DECEASED (Type or print) A 22 th 1133	Middle	Last	4. DATE OF DEATH	Month A - a	Day Year
	(Type or print) Arthur  5. SEX   6 COLOR OR RACE   7. MARR	ION NO MENER MARRIED ET	Ward B. DATE OF BIRTH		August E (In years   F UNDER	9 19 60 1 YEAR IF UNDER 24 HRS
	Male White widows		15 May 18	fost		24 Hours Min
	10a USUAL OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OR INDU			12.CIT	ZEN OF WHAT COUNTRY
M	Stationary Engineer Re	tired	Washing	ton, D.C.	1	USA
Л	13. FATHER'S NAME		14. MOTHER'S MAIDE			
	Park M. Ward		Mary?	?		
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 1		INFORMANT	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Address	#0
	Yes Sp. Am. WWI 2	18-18-1020A	Virgie V. V	vard-Wife	-Same Iter	n #2
	18 CAUSE OF DEATH [Enter only one couse per lin	ie for (o), (b), and (c) ]	11	4. 1		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY.	ente The	At Ver	Laure	land	Theo_
	DUE TO	e for (o), (o), and (c) }	aclus			hours
	Conditions, if ony, which gove rise to immediate (b).	2	elera		A-1	
	couse (o), stoting the under-	1	Met know			
		ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	PMINAL D SEASE CON	D TION GIVEN IN PAR	T I(o) 19 WAS AUTOPSY
	PART II OTHER SIGNIFICANT CONDITIONS C	ON THIS THE POST IT SO	THO I NEUTLE TO THE IT	MINITARE & SENSE CO. 1	D 110-4 O((6)3 (*4) [M	PERFORMED? YES NO
	OR CONTRIBUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury	in Port I or Port II of i	rtem 18 )	
	[ Z ]	face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face and the face	ACE OF INJURY (Home, ctory, street, office bidg.,	orm, 20f (City or lov	ku) ((	County) (State
	Hour o.m. While of work	Not while of work				
	21. I certify_that I attended the decease	ed fram.	195196 , ta	ilm. 9	196 Ahat I le	ist saw the decease
i	alive an aug. 9, 196	and that death				
ľ				ADORESS (Street, Co	ity or town, stole)	DATE SIGNE
1	SIGNATURE COLLECTION	relie	M.O			8.9.60
	PHYSICIAN'S J. Schumacher.	M.D	Gait	hersburg.	. Marvlan	d
	220 BURIAL, CREMATION, 226 DATE THEREOF	27c NAME OF CEMETERY O			City, town, or county)	(Stote)
	Burlal (Specify) 8/12/1960	Arlington Na		· ·	* * * * * * * * * * * * * * * * * * * *	Virginia
	23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 1	EC'D BY REGISTRAR	24b REGISTRAR'S SIG	GNATURE
	Robert A. Pumphrey Be	ethesda, Mar	yland DATE	uc 11 '60	Cirilian & 1	Craus

ed with director, by the funeral Pages 1 and 2 shay TO HOSPITAL OR ATTENDING PHYSICIAN; Jaw requires that the death certificate be executed within 24 the may be retained by the hospital or attending physician on completely filled in TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages I and the registrar prior to burial, cremation, or removal, and in any event within 72 hours effer death.

after death. Page 4

VS A15 (4) 15M 9/58



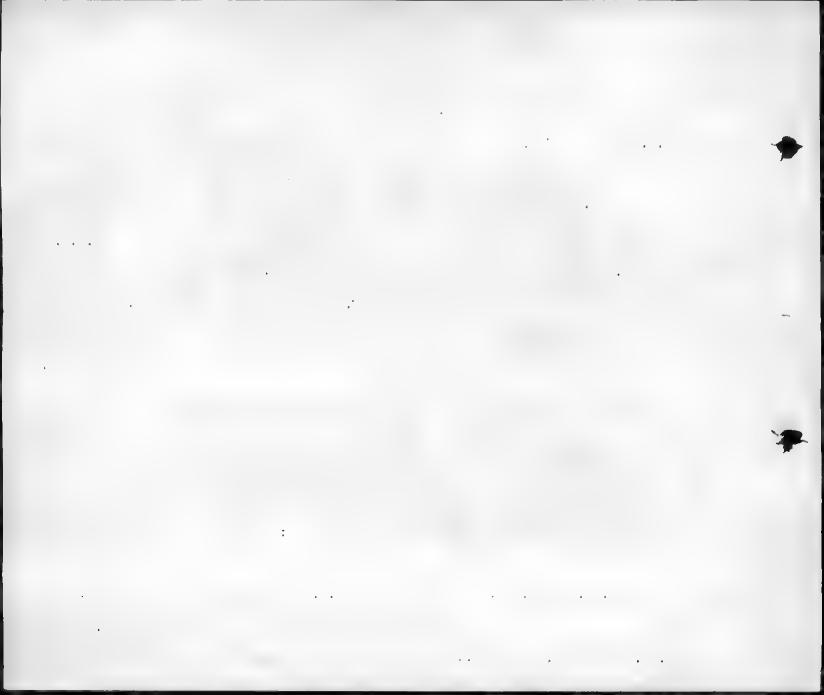
VR A15 (4 15M 9/59

made

law requires that the death certificate be executed within 24

after death Page 4

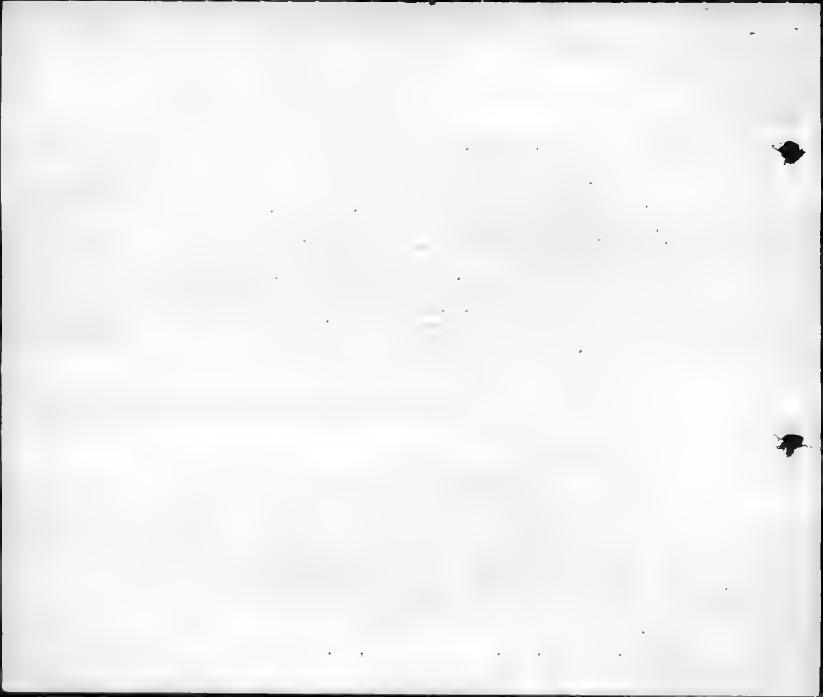
		UTES	CER	TIFICA	IE OF DEATH					
1 PLACE C	OF DEATH				2 USUAL RESIDENCE (Wh	ere deceased		n Residence	before adn	піззіоп)
2.0	ntgome	cv		MARYLAND	o. STATE Virgin	ia	b. COUNTY			. Aller
ь спү	OR TOWN (IF	outside corporate imits, write	c LENGTH OF	STAY IN 1b	c. CITY OR TOWN (If o	utside corpoi	rate limits, write R	RAL and give	nedyest k	own)
	L and give now thesda	(Rural)	12 day	75	Triang	le	7	3X -	~ ~	
d NAM	E OF HOSPITA	AL (If not in hospital, give stre	et address)		d. STREET ADDRESS				e IS	RESIDENCE
	ATT - 10170	al Hospital			6 Shar	on Ros	id		_	□ NO 🛭
3 NAME O	OF SD	First	À	Aiddle	Lost	4 DATE OF	Moni	th	Day	Year
(Type or		Harold	. Ti	omas	WARD III	DEATH	Au	gust	3	19 60
S SEX		6 COLOR OR RACE 7. MA	RRIED   NEVER A	MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER 1 Y	-	
Mal	e	Caucasian WIDO	WED DIV	ORCED	7-18-60		- yrs		6 Hou	ırs Min.
IAUSU p01	L OCCUPATIO	N (Give kind of work done 10 ng life, even if retired)	B KIND OF BUSIN	ESS OR INDUS	TRY 11. BIRTHPLACE (State	ar foreign co	ountry)	12 CITIZEN	OF WHA	T COUNTR'
	Child	ng 1110, 01011 11 1011(00)			Virginia	p*			U.S.	Α.
13. FATHER	S NAME				14 MOTHER'S MAIDEN N	IAME				
Har	old The	omas WARD			Shelba J	. NEWS	SON			
15. WAS DI		IN U. S. ARMED FORCES? [1	6. SOCIAL SECURIT	Y NO. 17 IN	FORMANT		Addr	ess		
No			None		Harold Thomas	Ward	6 Sharon	Rd.,T	riang	le, Va
18 C	AUSE OF DEAT	TH [Enter only one couse per	line for (o), (b) or	pd (c) ] ,	1 1					BETWEEN
-	PART   DEAT	H WAS CAUSED BY MMED ATE CAUSE (o)	Lett	- he	not t	ai (u	MP	t		6165
/	54	DUE TO			ź.k		CO		11	1
Cone	ditions, if on	y, which y (b)	Chamen	tel	Strop	in	311 おと	CILCU	16	May
	rise to in (o), stating t	amediate ( But TO	0					/		- /
	couse lost,	(c)								
CATION	PART II OTH	ER S GN FICANT CONDITION	S CONTRIBLTING	TO DEATH BUT	NOT RELATED TO THE TERMI	NAL D SEASI	CONDITION G V	EN IN PART I	(o) 19 W/ PEI	AS AUTOPS'
3									YES	MO [
20g A OR CC (IF EIT)	CC DENT WA	S UNDERLYING [] 206 D	ESCRIBE HOW INJ	URY OCCURRE	Enter noture of injury in	Port I or Part	II of tem 1B)			
	HER NOTIFY	MEDICAL EXAMINER)								
U	ME OF INJURY Hour o, m.	Month Doy Year 20d	NJURY OCCURRE	D 20e PL	ACE OF INJURY (Home, form fory, street, affice bldg, etc.	20F (C ly	or town)	(Cou	nty)	(Stot
₩.	p. m.		rork D of work							
21. 1 (	certify that	(I) (this haspital) atte	nded the dece	ased fram	7-22- 19	60 _{, ta_}	8-3-	19 60	, that (I	l) (we) la
saw	the deceas	ed alive an 8-3-	2 1960 .	and that d	eath accurred at 7:0	QA fram	the causes an	d on the d	late stat	led abav
22a S	GNATURE /	1 / L	1							226 DATE SIGNI
	/	7)	でしてい		M.D PHYS DI	RECTOR [	STAFF PHYS X	8-3-	60	310141
	AME (Type)_		/;		22d ADDRESS					
	G	. B. AVERY, LA	, MC, USI	¥	U.S. Nava	Laon	ital, Bet	hesda,	Md.	
23n BURIA	CREMATIO	235 DATE THEREOF	23d NAME OF	F CEMETERY O	R CREMATORY	23d LOCAT	FION (City, town, o	or county)	(5	State)
Buri	AL (Specify)	8-4-60	Arlin	ngton N	ational Cemet	ery	Arling	ton, V	a.	
13 6	AL DIRECTOR	5 4 A A A M.S.	ADDRESS			D BY REGIST		TRAR'S SIGN		
R.	A. PUI	MPHREY ,7557 W	isd., Ave.	.,Bethe	sda, Md. DATE 31	IG 4 '6	0 C.	thun S. F	VALLE	



VR A15 (4) 1SM 9759

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	9297 CERTIFIC	ATE OF DEATH (19391
1	PLACE OF DEATH a. COUNTY  ONTARMARY  D CITY ON TOWN (If genside corporate imits, write RURAL and give ingrest town)  A KOMA PARK  ON NAS OF HOSPITAL (if not in hospital, give street address)  OR NAST TUTON  AShington SAn + Hospital	c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
3.	NAME OF DECEASED (Type or print)  SEX  6. COLOR OR RACE WIDOWED  DIVORCED  DIVORCED	Last
13	FATHER'S NAME  WAS DECEASED EVER IN U. S. ARMED FORCES?  IS NO. OF JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUNE 17 JUN	DUSTRY 11 BIRTHPLACE (Stole or foreign country)  West Virginia U.S.A.  14 MOTHER'S MAIDEN NAME O  THAT BALLES  (INFORMANT)  Address
FICATION	18 CAUSE OF DEATH [En'er only one couse per une far (a), [b], and [c] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (b)  Conditions, illiany, which gave rise to immediate couse (a), stating the underlying cause lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERMINAL D SEASE CONDIT ON G VEN N PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES IN NO
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	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Y OR CREMATORY  23d LOCAT ON IC by town, or county)  RICHIAND, W.VIRCT VIA  ING, MD.  250 REC'D BY REGISTRAR  256 REGISTRAR'S SIGNATURE  DATEAUG 9 '60  College Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Contr



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CERTIFICATE OF DEATH

	, PLACE OF DEATH	USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)								
	MONTGOMERY MARYLAND	a. STATE D. C. 6. COUNTY								
	b CITY OR TOWN (if ourside corporate limits, write c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)								
	RURAL and give nearest town) Kensing To N 4 /2 mos.	WAShingTon								
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS  TO THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRESS OF THE STRE								
	Kensington GARdens SAN.	3410-10 31. N.E YES NO								
	NAME OF First Middle	Last 4. DATE Month Day Year								
	(Type or print) Cee// F	NESTOVER DEATH 8 24 1960								
	6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B DATE OF BIRTH  9 AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS ost birthday, Months   Days   Hours   Min								
	M WIDOWED M DIVORCED	teb 12, 1889 71 m.								
	Da USLA, OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stole or fareign country) 12 CITIZEN OF WHAT COUNTRY?								
	WESTERN UNION TEL. CO.	New YORK U.S.A.								
	3. FATHER'S NAME	14 MOTHER'S MAIDEN NAME								
	SEYHOUR WESTOVER	ANNIE M. GOTT								
1	Yes, no or unknown) . If was much work of service !	NFORMANT Address								
	No Unknown	Hospital Records, Kensington Gardens								
4	IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH								
	PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0)  PART 1. DEATH WAS CAUSED BY:  DAYKINS ON SO	ns disease 34x								
	5 O V DUE TO									
	Conditions, if any which ) (b)	any which ) (b)								
	gave rise to immediate Course (a), stating the under-									
	lying couse last. (c)									
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	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WE PE YES  20a ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)									
	200 ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURRE OF DEATH	D. (Enter nature of injury in Port I ar Part II of item 18 ;								
	2 1	ACE OF INJURY (Home, farm, 20f (C by or town) (County) (State)								
	While Not while of work of work									
	21   certify that (1) (this haspital) attended the deceased fram. 4/15/1960, ta 8/2 / /1960, that (1) (we) last									
	saw the deceased alive an 8/13/ 1960, and that death occurred at 10/M, from the causes and an the date stated above.									
	SIGNATURE 1 C									
	ATTENDING MED DIRECTOR DIRECTOR PHYS DI									
	22c PHYSICIAN'S NAME (Type)	22d ADDRESS								
	Doneld Nelson	16620 karque line selve. At was Mit.								
	BENOVAL (Specific	OR CREMATORY 23d. JOCAT ON (City town or county) (Store)								
	Bur-Transit 8/29/60 St. Agatha	Cemetery Crawford Co. Penna.								
	FUNERA, DIRECTOR'S S GNAPHRE ADDRESS	250 REC'D BY REGISTRAR 256 REG STRAR S SIGNATURE								
	Delegat A. Bumphrath wetherda, A	Caryland DATE AUG 26'60								

the attending physician and camplete y filled in by the funeral directar. Then please remove carbon papers. Pages 1 and 2 shauld be filled with Per death, Page 4 may be retained by the hospital ar attending priviscian

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletery filled in by
page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and if
the State Board of Health priar to burial, cremation, ar remaval, and in any press, within 72 hours after death. requires that the death certificate be executed within 24 ha TO HOSPITAL OR ATTENDING PHYSICIAN: 2

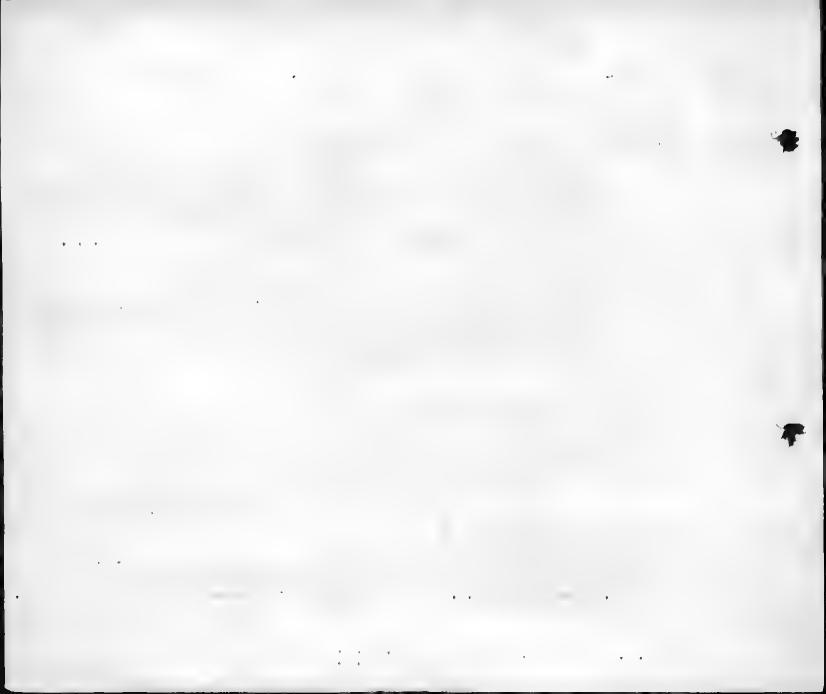
VR A15 (4) 15M 9/59



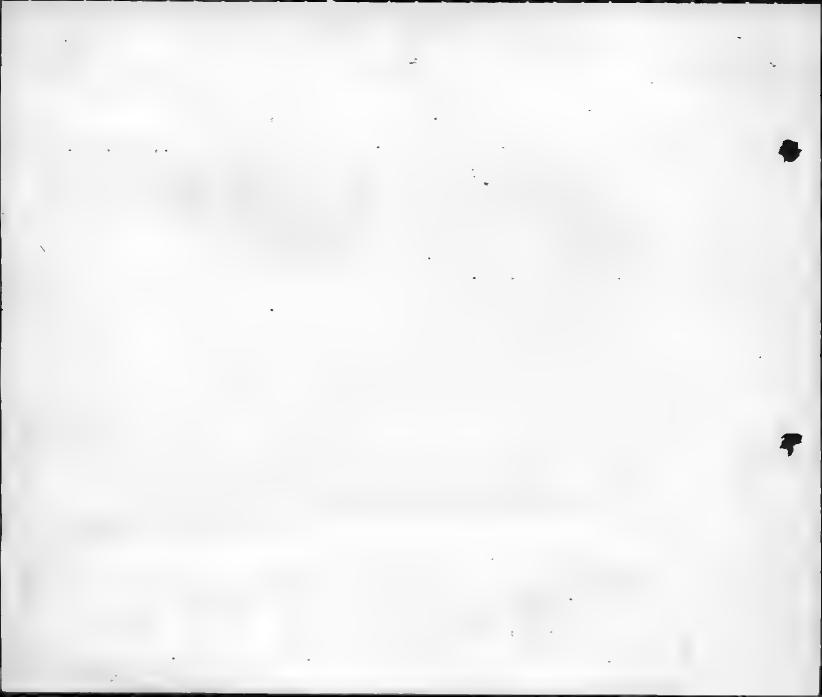
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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

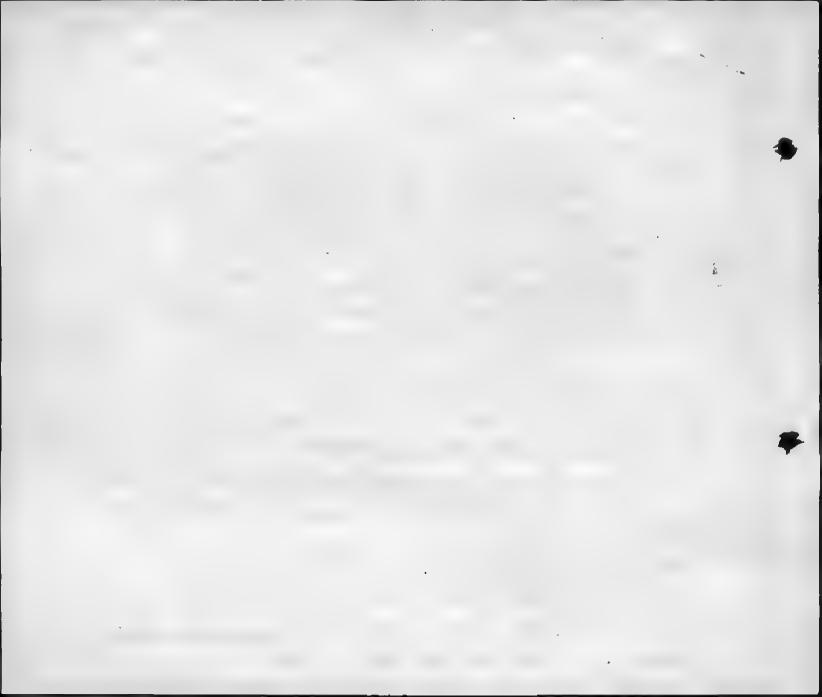
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	KE (If not in haspitol, g	give street			d STREET AD	ORESS		<u>*</u>	·		e IS RES	FARM?
	cal Center	•			Route	<u>#1</u>						NO <b>X</b>
NAME OF DECEASED	Fir	rst	Middle		Lost		4. DATE	Mor	•th	Do	у	Year
(Type or print)	Geneva		Luc	ЭУ	White		OF DEATH	Aug	ust	15th	1	19 60
S SEX	6 COLOR OR RACE	7 MARR	IED NEVER MARRI	rED 🔲	B DATE OF BIRTH			9. AGE ( n years				ER 24 HRS
Female	White	WIDOW	DIVORCE	FD 🔲	August	12,	L922	lost birthday)	Manths	Doys	Hours	Min.
00. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS C	OR INDUS	STRY 11 BIRTHPLA	CE (State	or foreign c	ountry)	12. CI	TIZEN OF	WHAT	OUNTRY
Housew	ing`life, even if retired Ti.1e	,	Domestic	3	V	irgi	nia			U.	S.A.	
3. FATHER'S NAME		760	14. MOTHER'S MAIDEN									
Walter Sp	arks				Vir	gini:	a Comp	ton				
S WAS DECEASED EVER	IN U.S. ARMED FOR		SOCIAL SECURITY NO	). 17 IN	FORMANT The				Iress			
NO (Yes, no or unknown)	9 yas, give war or dates of s	service)	None		e Clinic			Bethes	da 11	. Ма	rvls	nd
	TH [Enter only one co	ouse per lu	ne for (a), (b), and (c)		<u> </u>					LINT	ERVAL BE	TWEEN
	TH WAS CAUSED BY.	,	tracerebra		marsh are					ONS	SE LAND	DEATH
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ZOC TIME OF NUR Hour o. m.	Hour a. m. While Not while factory, street, office bldg., etc.)									(Stote		
21 I certify that (I) (this haspital) attended the deceased from May 15th , 19 60, to August 15th 19 60, that (I) (we) last saw the deceased alive an August 15th 60, and that death occurred at 10am, from the causes and an the date stated above 220 S GNATURE  ATTENDING MED. STAFF SIGNED PMYS. B-15-60												
22d. ADDRESS The Clinical Center NAME (Type) W.Walter Oppelt, M.D. National Institutes of Health, Bethesda, Mc												
730 BURIAL CREMATIO REMOVAL (Specify) removal	8/15/6		23c NAME OF CEM	METERY O	R CREMATORY				Virg	ini		te)
The S.H.	S SIGNATURE Hines Co	. 29	Ol Tith	St.	N.W. D.C.	2SO REC	D BY REGIS	TRAR 256 REG	ا مسالد له مسالد			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND 09394 CERTIFICATE OF DEATH director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I yet II institution, Residence before admission) . COUNTY o STATE **b** COUNTY MARYLAND Mortgomery Mary land Montgomery the funeral b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) RURAL and give nearest town) Bethesda Bethesda, Maryland d NAME OF HOSPITAL ( finot in hospito), give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 8217 Maple Ridge Rd., Bethesda, Md. 2 5 MILE NO ST 8217 Maple Ridge Rd. Beth. pup Ė. NAME OF Yeor DECEASED August 21 160 DEATH oges death. (Type or print) IF JNOER I YEAR IF UNDER 24 HRS 5 SEX MARRIED NEVER MARRIED | B. DATE OF BIRTH 9 AGE (In years campletely buthdoy, Months offer Doys papers. 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country 12 CITIZEN OF WHAT COUNTRY? 72 hours most of working life, even f retired) and Retired physician event within Louise Joyner John Wm. Whitfield. remave IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 2**3**1-01-6437A Douglas W. 8217 Maple Ridge Rd attending Davis please 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) SUDDEN DUE TO RIOSCLEROSIS Conditions, fony, which (b) gned gove rise to immediate per DUE TO cause (a), stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? has YES NO 17 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port I of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e PLACE OF INJURY (Home form, 20f (City or town) (Stote) Doy, Year 20d INJURY OCCURRED (County) foctory, street, office bldg., etc.) Hour o. m. While Not while of work at work p. m. 1960, that ( (we) last 21 I certify that (1) (this haspital) attended the deceased from  $\Lambda_{\mu\nu}$  ,  $2\mathcal{L}$ 19 (2) and that death accurred of saw the deceased alive an M, from the causes and an the date stated above noy be retained by the FUNERAL DIRECTOR: 220 \$ GNATURE 226 DATE SIGNED ATTENDING STAFF DIRECTOR MD PHYS 22c PHYSUTAN'S 22d ADDRESS G. ANGLE 23a BUR AL CREMATION 23c NAME OF CEMETERY OR CREMATORY (Stote) page the St 123.1960 Riverview Cemetery Courtland, Virginia 01 ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR S SIGNATURE AUG 23'60 Orlan & Kronk 7557 Wisconsin Ave. DATE Bethesda, Md. VR A15 (4) 1SM 9/59



1		MARYLAND STATE DEPARTMENT OF HEALTH  Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		9424 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 19395
SE A A		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution Residence before edm ss on) 6. COUNTY 6. COUNTY 7. B. STATE 7. B. COUNTY
dr files	1	b. CITY OR TOWN (if outside corporate Limits, write RURAL and give neglest town)  write RURAL and give herest town,
ry is nared dress		d. NAME OF HOSPITAL OR NOTIFICATION (17 not in hospital, give street address)  d. STREET ADDRESS  w. IS RESIDENCE ON A FARM?
the fune retained he State		3 NAME OF DECEASED (Type or print)  And the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the
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"pen "pen xamir used ion,		PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6 19. WAS AUTOPSY PERFORMED?
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writing Chief Page 3 s		ZOc. TIME OF INJURY Month, Day Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Port Work Street, office bidg., etc.) (City or town) (County) (State)
ificate if to the TOR:		21 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
SICA ardecent REC		death resulted from. Natural causes X. Accident . Suicide . Homicide . Undetermined manner
MEI to the forward	2	SIGNATURE TRANS O. BUSE hart M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EPUTY se execut ould be UNERA	-	EXAMINER'S FANK J. BLOSCHZH Address (Street, city, town, or county)  220. BURAL, CREMATION, 22b. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, town, or country) (State)
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VS. A15ME 3 5M 7/59	1	Robert A. Pumphrey, Bethesda, Md. DATE AUG 17'60 Carling & trans

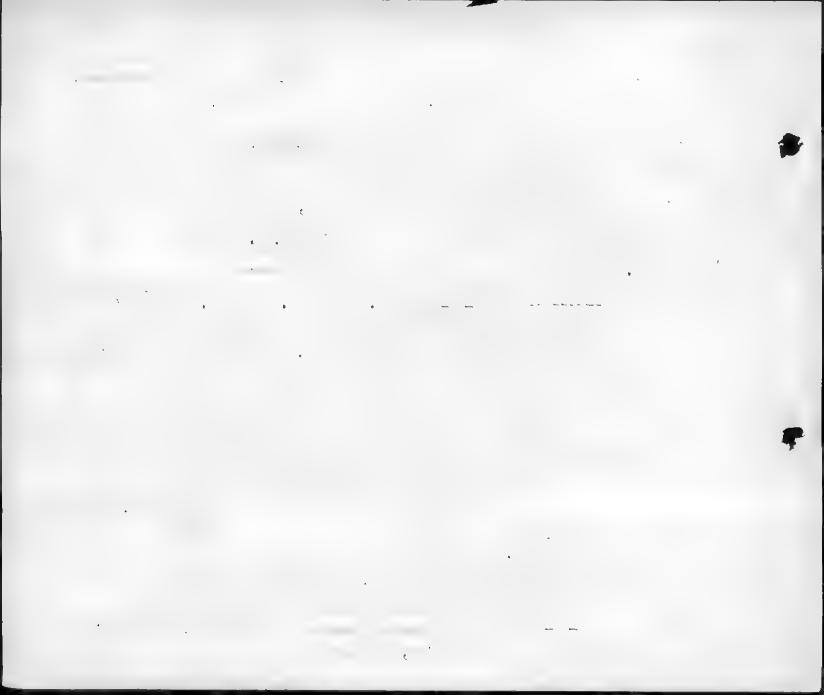


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1		9425	CERTIFICA	TE OF DEATH		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
1		PLACE OF DEATH	MANAGEMENT	2 USUAL RESIDENCE (Who o. STATE	b. COUNTY	on: Residence before admission)				
	Ŀ	CITY OR TOWN (fourside corporate limits, write RURAL and give negret town)	c. LENGTH OF STAY IN 16		outside corporate limits, write R					
S. S. S. S. S. S. S. S. S. S. S. S. S. S	1	NAME OF HOSPITAL (If not in haspital, give street or institution  Nontrolinery General	Hospital.	d. STREET ADDRESS Oak Cr		e. IS RESIDENCE ON A FARM? YES NO				
	0	NAME OF First POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED POECEASED PO	Middle	Williams	4. DATE Mon OF DEATH  9 AGE (In years	Day Year				
		Male White Widows		August 6, 18	97 63 yrs	Months Days Hours Min.				
		during most of working life, even if retired)	None		W. Virginia	USA				
	13.	John P. Williams		Dolly Too						
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. No pruningwin)   ff yes, give war or date of service No   2		r. Raymond O. 1	Williams. Akro	Sarslow Avenue on, Ohio				
	18. CAUSE OF DEATH [Enter anity one cause per line for (a), (b), and (c.)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)   DUE TO   Conditions, if ony which gave rise to immediate couse (a), stoting the under:    Value of the couse (a), stoting the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Value of the under:   Val									
1	CERTIFICATION	PART H. OTHER SIGNIFICANT CONDITIONS C				/EN N PART 1(a, 19 WAS AUTOPSY PERFORMED? YES □ NO 2				
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		ED (Enter nature of injury in E		To a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco				
	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d It Hour a.m., 19 White p.m. 19	Not while f	LACE OF INJURY (Home, form octory, street, office bldg., etc.	(City of fawii)	(County) (State				
1		21 I certify that (I) (this haspital) attends  the deceased aliye and 12 to SIGNATURE	/ .1	12V-	M, fram the causes an	nd an the date stated above				
	4	Flich June 12c PHICIAN'S NAME (Type) Joic K Sch	undeh	22d. ADDRESS	RECTOR STAFF	8:17-G				
	23 ₀	BURIAL CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City fown	or county, (State)				
		Burial 8-20-1960	Davis Memori		Cumberland,	Maryland				
	24	FUNERAY D REGTOR'S SIGNATURE	Frederick, M		UG 2 3 100 C	STRARS SIGNATURE				

TO HOSPITAL OR ATTENDING PHYSICIAN: 24 mm migraes that the death certificate be executed within 24 has patter death. Page 4 may be retained by the haspital an attending paysician.

TO FUNERAL MIREMADE: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remare corban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, at remayal, and in any event, within 72 haurs ofter death. VR A15 (4) 15M 9/59



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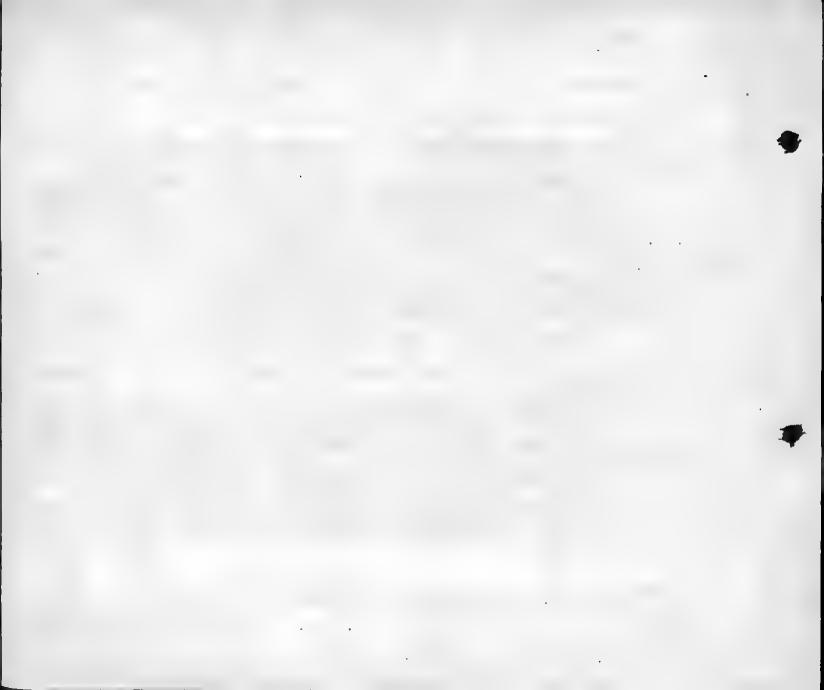
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(19397 Reg. Dist. No.

	1. PLACE C	OF DEATH					2. USUAL RESIDENCE	(Where decec	sed lived. If Inst	itution: Reside	nce befo	re admir	ssion)	
١-	o. COUNTY Montgomery MARYLAND						o. STATE Maryland b. COUNTY Montgomerk							
1	b. CITY	OR TOWN (if a	utside corporate limits, w	rito RURAL	c. LENGTH OF STAY II	N Ib	c. CITY OR TOWN		porote limits, wri			, <u>, , , , , , , , , , , , , , , , , , </u>	-	
	_	ethes	da		597 da		\ Bet	hesda						
,			W-1	(If not in ho	spital, give street address		d. STREET ADDRESS						SIDENCE	
		Resmor Sanitarium Hospital					Resmor	Sanit	arium 1	Hospit	al		A FARM?	
	3. NAME (	OF ED		first	Middle		Lost	4. DATE OF	Moi	nth	Day	Yı	ear .	
	(Type or		Willia	ım	C	ĭ	Williams	DEATH	Au	gust	16	19	9 60	
	5. SEX		6. COLOR OR RAC	E 7. MARR	IED NEVER MARRIED				9. AGE (In yours	IF UNDER	IYEAR I	F UNDE	-	
	Mal		White	WIDOWE	4 70 7		4/12/1878		82 yrs	Months 2	Days 4	Hours	Min.	
	10a. USUAI	OCCUPATION	(Give kind of wor life, even if retired	k done 10b.	KIND OF BUSINESS OR II	NOUSTRY	11. BIRTHPLACE (Stot	te or fareign	country)	12. CITI	ZEN OF	WHAT (	COUNTRY	
		. Army		1	Military		Virgin	ia		1	JS			
1	13. FATHER	R'S NAME				1	4. MOTHER'S MAIDEN							
/	Ne	kron	Unkno	own			Unk	nown						
	CYen, no, or us	nknown) a di	I IN U.S. ARMED F	ORCES? 16.	SOCIAL SECURITY NO.		DRMANT		Addre	81				
	Yes		WW 1 and		None	S	anitarium	reco	rds					
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]												NTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY, MARGINATE CAUSE (a) Respiratory failure											AND DEA	174	
	-	531	DUE TO					-						
	Condi	itions, if any	200		Cerebral v	8801	ilar acci	dent			1	7 d	lavs	
		rise to immedia	ofe couse	-	<del></del>	- CO - CO - CO - CO - CO - CO - CO - CO		- CA CO A E CO			-	. /	idy o	
	cause	oting the un	- Carry May	c)										
	£ -	PART II. OTHE		7.11.11	ONTRIBUTING TO DEATH	BUT NO	RELATED TO THE TERA	MINAL DISEAS	E CONDITION G	IVEN IN PART	1(a) 19.	WAS A	UTOPSY	
	CATION				· · · · · · · · · · · · · · · · · · ·							PERFOR	RMED?	
	20a EX	TERNAL CAUS		20b. DESCRIB	BE HOW INJURY OCCURR	ED. (Ente	r nature of injury in Po	ort Loc Port II	of item 181		110	<u> </u>	140 (36	
	PRIMAI CAUSE	RY OF CONT	RIBUTING 🗖					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or 170-17					
	₹ 20c. TH	ME OF INJURY	Month, Day, Y	ear 20d	INJURY OCCURRED 20s	- PLACE	OF INJURY (Home, for	m. 20f. (Ci)	or town)	(Cou	ntvì		(Slote)	
	20c. TH	iour e.m.		Whil		foctory	, street, office bldg., et	c.)		(400	,,		(anote)	
		p. m.		تنكند البالالا	remains described	ahaua	hald as Auton			la i	(23)	1.0		
	1 1								nspection 📑		y [34],	and t	ind that	
	deoir	resulted t	rom: Naivia	conses 5	X. Accident .,	Suicio	le 🔲, Homicid	le 📋, U	ndetermined	couse [_]	,			
No. of	ACTU	AL A	7	R								DATE SI	GNED	
	SIGNA	TURE	dead y	1012	vrshaut	A	A.D. CHIEF MEDICAL E	_						
		INER'S	. (/				ASSISTANT MEDIC				- 1			
			cank J.	Brose			DEPUTY MEDICAL		-		8/1	6/6	0	
	220. BURIA!	., CREMATION (AL (Specify)	22b. DATE THERE	OF	22c NAME OF CEMETER				TION (City, town,		ori mi	(Stote)	)	
	Burl	Lal	OLTALO	)	Arlington	I NA			ington					
		AL DIRECTOR'S			ADDRESS Dothogdo	Man		O'D BY REGIST		ISTRAR'S SIG				
	Kot	pert A	. Pumph:	rey	Bethesda,	LIGIT	ATTITUTE .	100 1 9 1	an C	1 1mm 8	Thurs	A		

VS. A15ME(5) 5M 9/55

or removal



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

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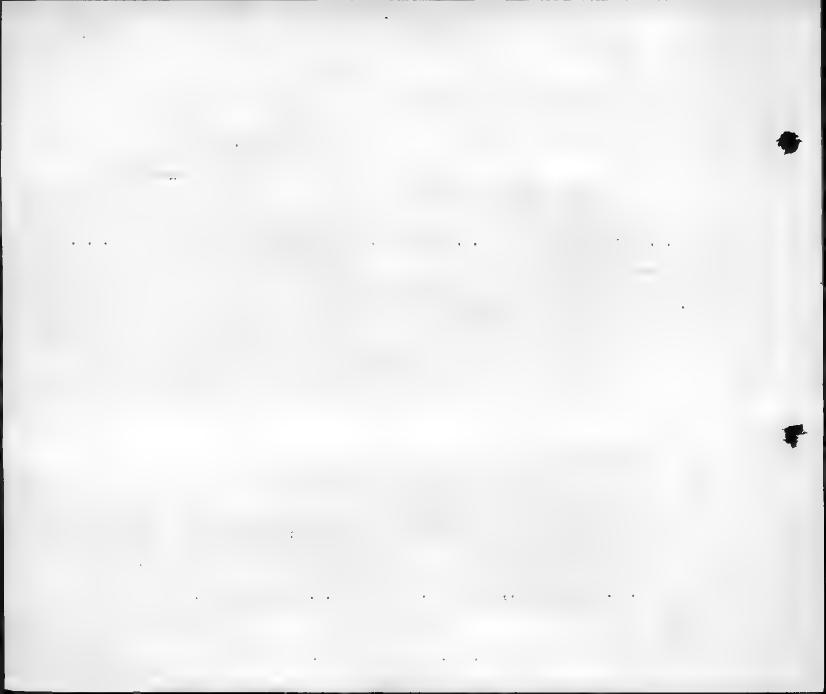
YES INO TO

M	a COUNTY o STATE b COUNTY 12	e before admission)
dbe	b C TY OR TOWN (floutside carporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (floutside carporate limits, write RURAL and gi	ive nearest town)
d 2 shou	d NAME OF MOSP TAL (If not in hospital give street oddress) OR INSTITUTION Bethesda Naval Hospital 5719 43rd Ave.	onearest fown)  onearest fown)  onearest fown)  onearest fown)  onearest fown)  onearest fown)  onearest fown)  Day Year  18 19 60  FAR IF JNDER 24 HRS  TAN HOURS Min.  NOF WHAT COUNTRY?  S.A.  INTERVAL BETWEEN  ONSET AND DEATH  ONSET AND  ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH  ONSET AND  ONSET AND DEATH  ONSET AND
h.	3 NAME OF First M. ddle Lost 4 DATE Month OF OF OF OF OF OF OF OF OF OF OF OF OF	
s Pages frer death	S SEX   6 COLOR OR RACE   7 MARRIE NEVER MARRIED   8 DATE OF BIRTH   9 AGE (In years   FUNDER)	YEAR IF UNDER 24 HRS
ton papers 72 haurs of	during most of working life, even if retired)	
S if is	Clarence WILSON Mary PAIMER	
e remay	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address  Yes WWII Unknown Hospital Records	
rial-transit permit. Then notion, or removal, and is	Condit ans if any, which gave rise to immediate cause (a), stating the under- lying cause last  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	MARYLAND  Maryland  C LENGTH OF STAY IN 16  Give streed oddress)  CONTROL SECTION STATE ODDRESS  Give streed oddress)  JOSPITAL  STATE ADDRESS  GIVE STODERSS  STATE ADDRESS  ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS ADDRESS ADDRESS ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE ADDRESS  STATE
se as the bu	OR CONTRIBUTING D CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED (Color of the color)  Hour o.m. (Color of the color of the	ounty) (State
Stand Discitor: Aren'ns 3 shauld be detached far un ale Board of Health priar to	21 I certify that (I) (this haspital) attended the deceased fram. 6-7	ARYLAND  Approach limits, write   c LENGTH OF STAY IN 16   a.l.    2 Months   2 Months   Lest Ordered   Lest Or
page 3 :	236 BUR A. CREMATION, 23b DATE THEREOF BURIAL (Spec fy) Burial 23c. NAME OF CEMETERY OR CREMATORY  Arlington National Arlington, Virgin	(State)
5.(4)		

offer death Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN. The flow requires that the death certificate be executed within 24 has may be retained by the haspital at attending prysician.

VR A15 (4) 15M 9/59



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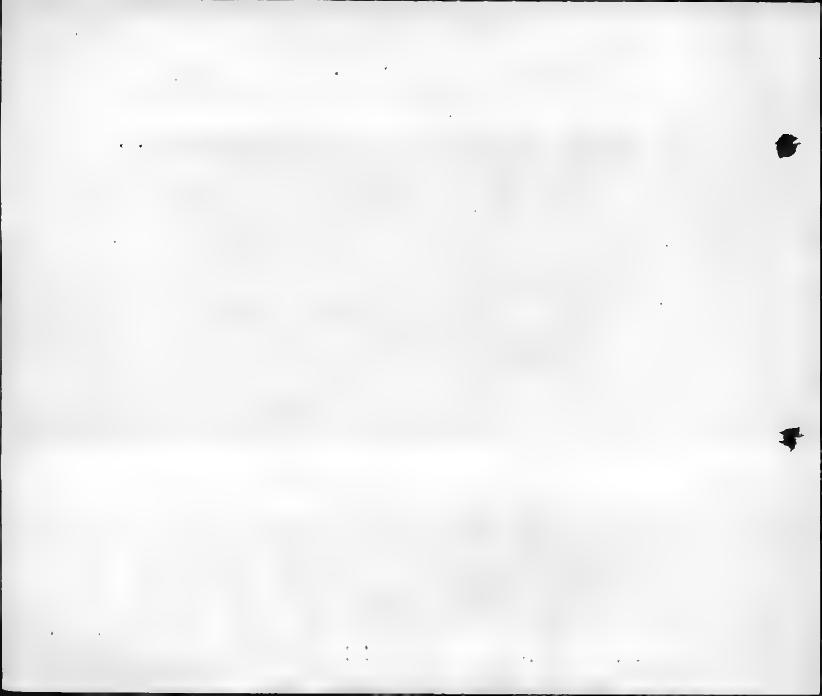
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIFIC ATE OF DEATH

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3'	420	CEKTIFICA	TIE OF DEATH		(10000			
1 PLACE OF DEATH a COUNTY	lontgomery	MARYLAND	Sitt Batrice	to Celuine	Y			
Bethesd:	(If putside corporate limits, write nearest tawn)  A	8 Honths	c. CITY OR TOWN (IF out	rside tarporate limits write R	(URAL and give nearest tawn)			
or institution	TAL (If not in hospital, give street		d STREET ADDRESS	nedy Street	N.W. S RESIDENCE ON A FARM? YES NO NO			
3 NAME OF DECEASED (Type or print)		. 0000	litman lost	4. DATE Mon				
Female	White WIDOW	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9 AGE (In years last birthday)	Manths Days Hours Min			
10a USUAL OCCUPA during most of w	SION (Give kind of work done 10) orking life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY II BIRTHPLACE (Stole o	r foreign country)	U.S.A.			
13. FATHER'S NAME	4111 1111 75		14. MOTHER'S MAIDEN NA	ME	605			
IS WAS DECEASED E	VER IN U. S. ARMED FORCES? 10  If yes, give wor or dates of service	no 17 I	NFORMANT	Add	Iress			
Candit'ons, figave rise to couse (a), statin ying couse los PART CORONTRIBUTION (IF EITHER, NOTI	mmediate g the under t. (c)  THER S.GNIFICANT CONDIT ONS  WAS UNDERLYING   706 DE NG   CAUSE OF DEATH FY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRI	Chial 4 (Enter noture of migury in Po		ONSET AND DEATH  3 Clarys  25 Year  VEN IN PART 1(0) 19 WAS AUTOPS  PERFORMED?  YES \( \text{NO III} \)  NO III			
20c. T ME OF INJ Haur a. m	while		LACE OF NJURY (Hame farm, sciency, street, office bldg., etc.)	20f (City or town)	(County) (State			
	nat (1) (this haspital) after assed alive and a 2.  No Bridge B. John B. J	1	death accurred at 4 A	M, from the causes ar	nd an the date stated above 22b DATE SIGNE			
BUCYAL CREMAT	ON 236 DATE THEREOF	Cedar Hill	L Cemetery	23d LOCATION (City lown, Prince Geor	ar county) (State)			
The S.H.	Priss GNATURE Hines Co29	ADDRESS Wash.	D. C. 250 REC'D	BY REG STRAR 256 REG	STRAR'S SIGNATURE			

TO HOSPITAL OR ATTENDING PHYSICIAN: A low requires that the death certificate be executed within 24 har wifer death. Page 4 may be related by the hospital or attending prysician.

TO FUNERAL DIRECTER: After this centificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remare carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death. VR A15 [4] 15M 9/S9



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

24b. REGISTRAR'S SIGNATURE

Circling S. Hauck

246 REC'D BY REGISTRAR

DATE ALIG 11 '60

9429 **CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND Waryland Lontgomery b. CITY OR TOWN (if outside carporate limits, write c LENGTH OF STAY IN 16 CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Bethesda Bethesda d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES | NO | Suhurhan 4620 So. Chelsea 4. DATE First Middle DECEASED OF DEATH Frank Wolfe (Type or print) 1960 IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years last birthday] Months White Hale WIDOWED J. DIVORCED [7] 1878 10a USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Ratined U.S. Post Office Washington, D.C. USA 13 FATHER 5 NAME 14. MOTHER'S MAIDEN NAME Frank Wolfe Mary Ryan 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT 4022 Parkwood St. Cottage 579-36-8864 Charles A. Walton No City. Md. CAUSE OF DEATH | Enter only one cause per line for (a) (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY CONGESTIVE HEART PAILURE Michelowa IMMEDIATE CAUSE (a) DUE TO Conditions if any, which VALUULAR SCLERUSIS gave rise to immediate **DUE TO** cause (a), stating the underlying cause last PART II OTHER'S GNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119 WAS AUTOPSY PERFORMED? mellitus YES NO ... 200. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part or Part It of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f (City at tawn) Day, Year 20d. INJURY OCCURRED (State) factory, street, office bldg, etc.) Haur a.m. While Nat while at work at work 21 I certify that I attended the deceased from 19. Conat I last saw the deceased and that death accurred at 10:15%; from the causes and on the date stated above. SUTE 400 BAIS 220 BURIAL CREMATION, 1 226 DATE THEREOF 22d LOCATION (City, town or county) 8/11/1960 Prospect Hill Cemetery Washington D. C.

ADDRESS

Bethesda, Maryland

0 VS A 15 141 15M 9/5B

should

23 FUNERAL DIRECTOR'S SIGNATURE

Robert A. Pumphrey



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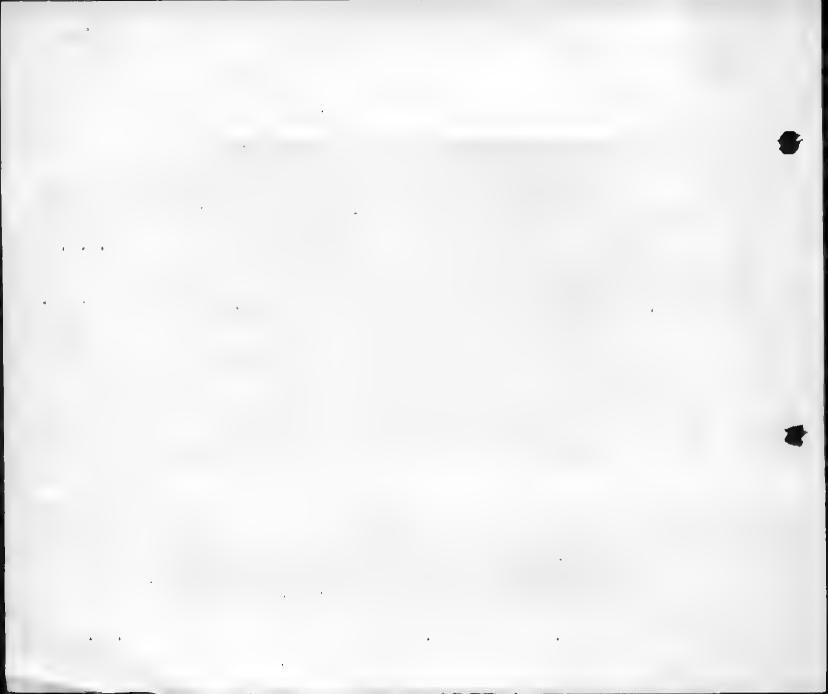
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fter death. Page 4

may be revained by the hospital or attending Mysician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director page 3 should be detached for use as the burial-transit permit. Then please remain and popers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any permit within 72 haurs ofter death aw requires that the death certificate be executed within 24 ha MEDICAL CERTIFICATION TO HOSPITAL OR ATTENDING PHYSICIAN. VR ATS (4) 15M 9/59

PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deseased lived If institution Residence before admission) 2. STATE 1421 Y 2110 b. COUNTY
Montgomery	612 Elm Avenue, Prince Georges
b. CITY OR TÖVYN (If autside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Kensington	Takoma Park
d. NAME OF HOSPITAL (If not in hospital, give street address) OR NSTITUTION	d STREET ADDRESS  e IS RESIDENCE ON A FARM?
Carroll Hall Nursing Home	612 Elm Avenue
NAME OF First Middle	Last 4 DATE Month Day Year
(Type or print) FRANCIS YARNALL	DEATH AUG 14 1960
SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	B DATE OF BIRTH  9. AGE (In Years   IF UNDER 1 YEAR   F UNDER 24 HRS   Iost birthdoy)  Months   Days   Hours   Min
Male White WIDOWED DIVORCED	8-14-1869 91 yrs Months Days Hours Min
o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU-	STRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
Clergy	Pennsylvania U.S.A.
. FATHER'S NAME	14. MOTHER'S MAÎDEN NAME
Thomas Coffin Yarnall	Sarah Rose
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 In the property of soldies of services	IFORMANT Address
	Hyattsville, Md.
18 CAUSE OF DEATH [Enter on y one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CALSED BY IMMEDIATE CAUSE (0) URRINGA, A	Citte ONSET AND DEATH
DUE TO D	0: 1 0
Conditions, if any, which) blucke Gence	line & Arterearcleises 104004.
gave rise to immediate Couse (a), stating the under:	
lying couse lost.	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE COND TION G VEN IN PART 1(0) 19 WAS AUTOPSY
	PERFORMED?  YES □ NO [4
20G ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Port I or Port II of Item IB.)
	ACE OF INJURY (Home, form, 120f (City or town) (County) (State)
Hour o.m.  P. m.  19 While Nat while of work of work	ctory, street, office bldg., stc.)
21 I certify that (I) (this hospital) attended the deceased from.	USC 29, 1947, to/4/449, 1966 that (1) (me) last
sow the deceased alive on 13 Aug 1960, and that a	leath occurred of M, from the couses and on the date stated above.
220 SIGNATURE	ATTENDING MED STAFF // A SIGNED
1 Hockiller M. D	M D PHYS DIRECTOR PHYS D 14/149/760
22c PHYSICIANS H B QUEEN	22d ADDRESS 7/12 Willow Aug
13 10 90666	Takoma Park, Me,
O. BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY O	R CREMATORY 23d LOCATION (City, town, or county) ,State
Burial Aug 16, 1960 Ft. Line	Mashington, D. C.
FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Want O 250. REC'D BY REGISTRAR 256 REGISTRAR S SIGNATURE
selph Taylers & me Jac. 1706-12. Cic. Till	DATE AUG 1 6 '60 Circles & House



09402

255 REGISTRAR'S S GNATURE

arthur S. Kround

250. REC'D BY REG STRAR

DATEAUG 1 5 '60

NW

24. FUNERAL DIRECTOR'S SIGNATURE

	94	<b>(1)</b>	CERTIFICA	TE OF DEATH		
1.	PLACE OF DEATH O. COUNTY MO	ntgomery	MARYLAND	2 USUAL RESIDENCE (Who o. STATE D.C	b. COUNTY	Residence before admission
			c LENGTH OF STAY IN 16			at and give nearest town)
	OR ANSTITATION		ddress)	d. STREET ADDRESS 5407 Nebr	aska Ave. N.W	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Grace first	Middle <b>M</b>	Yerger	4 DATE Manth OF August	13 19 60
-		TTI AL.		8 DATE OF BIRTH 2/25/1881		
	at home	(Give kind of work dane 10b 1 life, even if retired)	(IND OF BUSINESS OR INDA	Vermon	t	12 CITIZEN OF WHAT COUNTRY  U.S.A.
13.	Cassius	B. Russell		Anna	B. Chase	
	PART I. DEATH	WAS CAUSED BY:	3	e Cerci	noma	INTERVAL BETWEEN ONSET AND DEATH
	gove rise to imm	Montgomery  MARYLAND  O. STATE  D. C.  O. CITY OR FOWNY (if outbide corporate limits, while RURAL and give nearest fown)  Washington  O. STATE  Washington  O. STATE				
FICATION	PART II. OTHER	5 GNIF CANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	inal d sease condition given	PERFORMED?
CERT	LOR CONTRIBUTING []	Montgomery  Maryland  Os Town, If outde corporate limits, write  CERTOR OF STAY IN 16  CE CUTY OF TOWN, If outde corporate limits, write  CE CUTY OF TOWN, If outde corporate limits, write  CE CUTY OF TOWN, If outde corporate limits, write  CE CUTY OF TOWN, If outded corporate limits, write  CE CUTY OF TOWN, If outded corporate limits, write  CE CUTY OF TOWN, If outded corporate limits, write  CE CUTY OF TOWN, If outded corporate limits, write  CE CUTY OF TOWN, If outded corporate limits, write  CE CUTY OF TOWN, Washington  CE CUTY O				
MEDICAL	Hour a.m.	While	Not while for			(Caunty) (State
		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s				
	720 SIGNATURE	of Herr	2 ms	M D PHYS A DI	ED. STAFF	
	22c PMYSICIAN S NAME (Type)		es		e St. N.W.,W	ash, D.C.
230	BLANA CREMATION REMOULAL (Specify)					
		0/10/60	Ft.Lincoln	Crematory	Pr.Geo.Co.	Maryland

ADDRESS

901-14th ST.N.W.

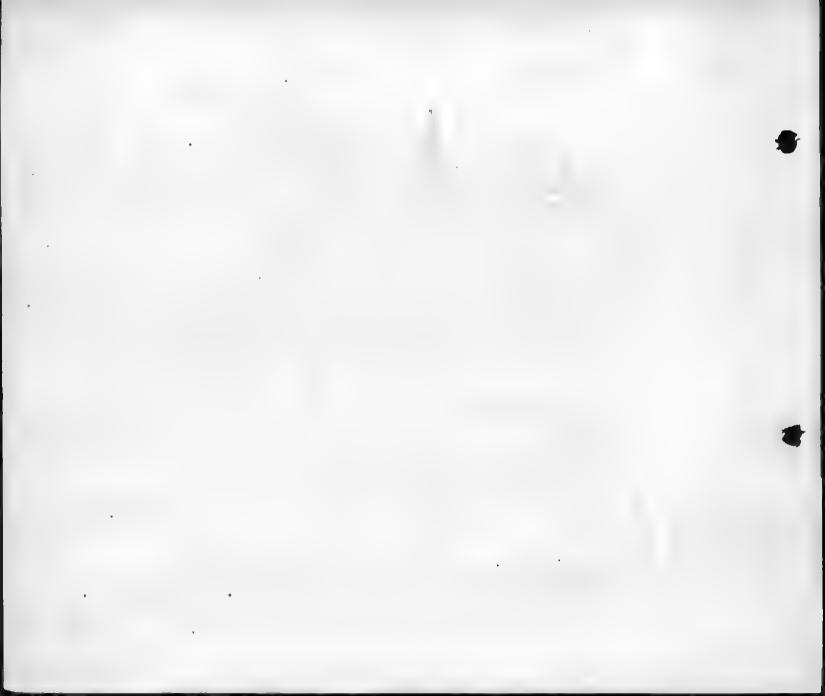
may be revained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit perm t. Then please remove carban pagers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours ofter death

Her death. Page 4

aw requires that the death certificate be executed within 24 ha

TO HOSPITAL OR ATTENDING PHYSICIAN: VR A15 (4) 15M 9/59



1	712	CERTIFICA	IE OF DEATH	4	,0100					
	DI PLACE OF DEATH G. COUNTY Montgomery	MARYLAND	2 USUAL RESIDENCE (Whe	ere deceased rived - If institution, Resident b, COUNTY	rce before admission)					
	b CiTY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Bethesda (rural)	64 days	c. CITY OR TOWN (IF ou	give nearest town)						
Į	d NAME OF HOSPITAL (If not in hospital give stree OR NST TUT ON INITED STATES NAVAL HOSPI	et address)	d STREET ADDRESS	i ,	S RESIDENCE ON A FARM? YES NO					
5	3. NAME OF First DECEASED (Type or print) Doris	Middle Grace	YOUNG	4 DATE Month OF DEATH August	Day Year 20 19 60					
F	S SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B DATE OF BIRTH	9 AGE (In years IF UNDER lost burthday) Months	Days Hours Min					
	Female Caucasian willow		15 JULY 1911	49 yrs.	Days Hours Min					
	100 USUAL OCCUPATION (G ve kind of work done during most of working life, even if retired) Housewife	KIND OF BUSINESS OR INDUS	New York		ZEN OF WHAT COUNTRY?					
Į,	3 PATHER'S NAME		14 MOTHER'S MAIDEN NA	AME						
1	Hiram R. Horton		Myrtle Va							
	S WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, give war or dates of service]		IFORMANT	Address	Fla.					
-	William J. Young 709 Edenville Ave									
	18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	I ne for (o), (b), ond (c) ]  Jremia			INTERVAL BETWEEN ONSET AND DEATH					
	Conditions, if any (which gove rise to immediate (b) (b)									
l	couse (a), storing the under   DUE TO									
	Multiple Bowel and Urinary Tract Fistulae									
	G CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in P	ort or Part II of item 1B )						
	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o. m. While Not while of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of									
	21 1 certify that (this haspital) atters saw the deceased aftire on Aug 20	nded the deceased fram	June 17:55. 19.	M, from the causes and an the	60, that (I) (we) last					
	220 SIGNATURE Paul Plane		ATTENDING ME	•	22b. DATE SIGNED AUGUST 21, 196					
	Paul R. BAUER LT MC	USN	USNH Beth	esđa, Md.						
	230 BUR A., CREMAT ON, 23b, DATE THEREOF REMOVAL (Spec fy) 8/23/1960	23c NAME OF CEMETERY O		23d LOCATION (City, town or county)  **Clearwater, Floric	(State)					
	DIFUTELLE M. Lycong	ADDRESS 13007		BY REG STRAR 256 REGISTRAR'S SI G 2 3 '60 Cuim &.	GNATURE Flaute					
-	T A X	Wash	(A) ().5°							

TO FUNER be retained by the haspital ar attending prization.

TO FUNER LIBECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remark carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar remaind in any event, within 72 haurs after death. Her death, Page 4 w requires that the death certificate be executed within 24 ha TO HOSPITAL OR ATTENDING PHYSICIAN: VR A15 (4) 15M 9/59



2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

. IS RESIDENCE ON A FARM?

25

YES NO

Yeor

19

PERFORMED? YES NO

(State)

(State)

60

AL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,	hould be detached far use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 shortshe filed with	()(2)
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OR: Afte	petoched	trar prior to buriol, cremation, or removal, and in any event within 72 hours after death.
PIRECTO	d be de	prior la
AL E	houl	Irar

ofter deoth.

death certifizate be executed

PLACE OF DEATH

a. COUNTY

Maryland MARYLAND Montgomerv b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate fimits, write RURAL and give negrest town) RURAL and give negrest town) Takoma Park Takoma Park d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Washington Sanitarium & Hospital 610 Kennebec Avenue First. 4. DATE Middle Last Month DECEASED OF DEATH August (Type as print) Zarska 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthdoy) FUNDER TYEAR IF UNDER 24 HRS. 6. COLOR OR RACE Months DIVORCED F WIDOWED -25 yrs. 0 female white 10g. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) United States Marykand infant 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Kenneth Zarska Carol Louise Stump 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address III yes give wor or dote, of service! mother same as above 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) DICAL 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or Iown) (County) Not while factory, street, office bldg., etc.) Hour e. m. While at work of work 21. I certify that I attended the deceased from August 25, 19 60, to August 25, 19 60, that I last saw the deceased ... and that death occurred at 9:50pM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL Herbert D. Glick.M.D. 8301 Piney Branch Road. Silver Spring .Md. may be retained to Pruneral Director page 3 should be the registrar prior PHYSICIAN'S NAME (Type) 270. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county). REMOVAL (Specify) 9-2-60 Washington Sanitarium & Rospital, Takona Park, Cremation 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24n, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE M. D. Washington Sanitarium & Hospital. Takona Park. Maryland SEP 1 3 '60

arthur & Kruss

pfter death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN.

TO FUNERAL DIRECTOR: After this carrificate has been signed by the death certificate be executed within 24 hc.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled it by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

943 PIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

09404

									-			
PLACE OF DEATH			MAR	VLAND	o. STATE		ere deceased	lived. If institut b. COUNTY		co before	odmissio	on)
Montgome:					Virg							
RURAL and give	1	s, weite	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Bethesda	Rural		1 hour		Arlington							
OR INSTITUTION		ve street or	(dress)		d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?							FARM?
U.S. Nava	l Hospital				4834	25th ]	RD.		1		162 🗌	NO
3. NAME OF DECEASED	Fire	9	Middle		Los		4. DATE DF DEATH	Mo		Day		100
(Type or print)	Amy		Elm		ZWICKE	E.7		Augus		13		9 60
5. SEX	6. COLOR OR RACE	7. MARRIE	DIVORCE		8. DATE OF SIRTE			9. AGE (In years lost birthday)	Months		Hours	Min.
Female	Caucasian				2-19-1			4.9 Yes.				
10o. USUAL OCCUPAT during most of wo	ION (Give kind of work d orking life, even if retired)	one 10b. K	IND OF BUSINESS O	OR INDUS	STRY 11, BIRTHPL	ACE (State of	or foreign co	untry)		ZEN OF V		
Housewife						anada			Uni	ted	Stat	0.5
3. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
The seals I HERE	BY A CLYTTI				173 4	- DTO	IT ATD INCO	3.7				
Frank WHY	VACHE VER IN U. S. ARMED FOR	eso lu co	OCIAL SECURITY NO	N 117 IN	FORMANT	e KIU	HARDSO		Iress			
(Yes, no, or unknown)	I (If yes, give war or dates of se		OCIAL SECURITY NO	).   17. IN	HOKMANI			Add	11.622			
Unknown		Un	known		Navv re	cords						
	FATH   Enter only one con	ue per line	for (a) (b) and (c)	1						INTER	VAL BET	WEEN
	IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH											DEATH
FARI I. UI	PART I. DEATH WAS CAUSED BY: HEMORRHAGE SUBARACHNOID 3 hrs 50 mi											
	DUE TO											
Candidan 16												
	Conditions, if ony, which (b)											
	couse (a), storing the under DUE TO											
lying couse las	). (c)											
PART II. O	THER SIGNIFICANT CON	OITIONS CO	ENTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THETERMI	NAL DISEASE	CONDITION GI	VEN IN PAR		PERFOR	WED?
								0 10 201			TO NO	140 [
200. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING  IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY O	OCCURRE	O. (Enter noture o	f injury in P	ort I or Port	If of item, (8.)				
20c. TIME OF INJU			URY OCCURRED	20e. PL	ACE OF INJURY (	Home, form.	20f. (City	or town)	(0	County)		(Stote)
Hour o. m	10	While of work	Not while	100	.iory, sireer, orrice	s bridge, enc.						
7E p. m		OI WOIL	O or work		0.20		(0 0	2.0	,	_		
21. I certify th	nat (1) (this haspital)	attende	d the decegsad	fram	8-13-	12	60 to 8	-13-	19.0	O, tho	if (1) (w	ve) last
solv the dece	osed alive an 8-1	3-	19 60 lade	that d	leath accurred	102:51	M From	the causes a	nd an the	date	stated	abave.
22d SIGNATURE	. /	0/		11101	Carri disconto			110 000000	ing on my	9010		DATE
	11/ -	N	S . 14	/	ATTENDING	G ME	D	STAFF			***	SIGNED
	LARAM	11 1	DIVI	4//	M.D. PHYS.	DII	RECTOR .	PHYS.				
22c. PHYOICIAN S NAME (Type)					22d. ADDRI	ESS						
NAME (Type)		TTM	C USN		U.S.	Naval	Hospi	tal. Bet	heada	Ma	מ לזכיר	nd
						2171174				-		-
REMOVAL (Specif	remation	60	23c, NAME OF CEA Cedar Available	Hill	Cemator	У	Sui Xr.J.	tland,	aryla		(Stote	1)
24. FUNERAL DIRECT		7/	ADDRESS			25a. REC'I	BY REGIST	RAN ZSE. NEG	ISTRAR'S SIT	MATOR	E	
Arlingt	on Funeral I	Iome,	901 N. F	irfa	x Dr.	DATAUG	1 7 '60	aw	thun L. 1	trans		
Arling	ton, Virgins	LI.										

